

ARIZONA
DEPARTMENT OF
REVENUE

2007 PATs Tests Descriptions

Version 1.0

Date: 10/09/2007

Arizona



consider it done

A total of ten tests

- 7501 , 7502 are tests for Form 140NR
- 7503, 7504 are tests for Form 140PY
- 7505 — 7508 are tests for Form 140
- 7509 is the test for Form 140A
- 7510 is the test for Form 140EZ

**Test 7501
Form 140NR**

ARIZONA

SSN: 400-00-7501

Description: Nonresident, H of H, I Dependent, Refund

Arizona Information:

Forms used: Form 140NR (resident of NM), Schedule ANR, Schedule I, Schedule 2, Form AZ-8453

Other:

Clean Election Deduction = 5

AZ Estimated Tax Payments = 1,400

Refund to: Aid to Education Fund

Schedule I for Depreciation and Section 179 expense adjustments

Income Information:

	Total	Arizona
Wages from two W-2 Forms	47,000	32,000
Interest	140	
Other Gains/Losses from Form 4797	4,730	4,730
Schedule E (Net Rental Income)	27,480	27,480
Schedule F (Net Farming Loss)	(46,225)	(46,225)
Federal AGI	33,125	

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	9,119	
State/Local Taxes (W2 + Estimated)	3,675	
Real Estate Taxes	80	
Personal Property Taxes	1,120	
Home Mortgage Interest	2,352	
Charitable Contributions	500	
Depreciation: excluding Section 179	4,590	4,590
Section 179 Expense	100,000	25,000

Preparer Information:

Name = John Doesky

Firm = Doesky Raebabe and Mimi

Address = 235 Business Street, Cheesetown, PA 17201

Phone = 888-555-1111

Self Employed = No

SSN = 400-25-9517

EIN = 88-6863879

FOR CALENDAR YEAR 2007 OR

FISCAL YEAR BEGINNING

AND ENDING

66

YOUR FIRST NAME AND INITIAL 1 Marvin E		LAST NAME NONRESS		YOUR SOCIAL SECURITY NO. (required) 400-00-7501	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required)	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2 452 Sierra Verde CT		DAYTIME PHONE (with area code)		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 Albuquerque, NM 87101		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	

Filing Status	4 <input type="checkbox"/> Married filing joint return	FOR DOR USE ONLY	
	5 <input checked="" type="checkbox"/> Head of household - name of qualifying child or dependent FREDERICK NONR		
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here		
	7 <input type="checkbox"/> Single		
Exemptions	Enter the number claimed. Do not put a check mark.		88
	8 <input type="checkbox"/> Age 65 or over (you and/or spouse)		
	9 <input type="checkbox"/> Blind (you and/or spouse)		
	10 <input type="checkbox"/> Dependents. From page 2, line A2 - Do not include self or spouse.	81	80

11-13 Residency Status (check one): 11 ☒ Nonresident 12 ☐ Nonresident Active Military 13 ☐ Composite Return

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN		14 Federal AGI 14 33,125 00
Attach W-2 to back of last page of the return. If itemizing, attach your federal Schedule A and Arizona Schedule A.	15 Arizona income (from page 2, line B15) . . .	15 17,985 00
	16 Additions to income (from page 2, line C20) . .	16 79,590 00
	17 Add lines 15 and 16	17 97,575 00
	18 Subtractions. No. from line D29a: 18 1 <input type="checkbox"/>	18 16,249 00
	19 Arizona AGI. Line 17 minus line 18	19 81,326 00
	20 20 <input checked="" type="checkbox"/> ITEMIZED 20 <input type="checkbox"/> STANDARD .	20 9,147 00
	21 Personal exemptions	21 2,281 00
	22 AZ taxable inc. Line 19 minus lines 20 & 21 . .	22 69,898 00
	23 Compute tax. Use Tax Rate Table X or Y . . .	23 2,051 00
	24 Tax from recapture of credits	24 0 00
25 Subtotal of tax. Add lines 23 and 24	25 2,051 00	
26-27 26 1 <input checked="" type="checkbox"/> YOURSELF 26 2 <input type="checkbox"/> SPOUSE	27 5 00	
28 Reduced tax. Subtract line 27 from line 25 .	28 2,046 00	

29 Credits from Arizona Form 301, line 57, or Forms 321, 322 and 323 if Form 301 is not required	29	00
30 Credit type. Enter form number of each credit claimed: 30 3 3 3 3 3		
31 Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions	31	00
32 Balance of tax. Subtract lines 29 and 31 from line 28. If the sum of lines 29 and 31 is more than line 28, enter zero . .	32	2,046 00
33 Arizona income tax withheld during 2007	33	1,775 00
34 Arizona estimated tax payments for 2007	34	1,400 00
35 Amount paid with 2007 Arizona extension request (Form 204)	35	00
36 Total payments/refundable credits. Add lines 33 through 35	36	3,175 00
37 TAX DUE. If line 32 is larger than line 36, subtract line 36 from line 32, and enter amount of tax due. Skip lines 38, 39 and 40	37	00
38 OVERPAYMENT. If line 36 is larger than line 32, subtract line 32 from line 36, and enter amount of overpayment . . .	38	1,129 00
39 Amount of line 38 to be applied to 2008 estimated tax	39	00
40 Balance of overpayment. Subtract line 39 from line 38	40	1,129 00

41 - 50 Voluntary Gifts to:						
AID TO EDUCATION (entire refund only)	41	1,129	00	ARIZONA WILDLIFE . . .	42	00
CITIZENS CLEAN ELECTIONS	43		00	CHILD ABUSE PREVENTION	44	00
DOMESTIC VIOLENCE SHELTER	45		00	NATIONAL GUARD RELIEF FUND	46	00
NEIGHBORS HELPING NEIGHBORS	47		00	SPECIAL OLYMPICS . . .	48	00
VETERAN'S DONATION FUND	49		00	POLITICAL GIFT	50	00

51 Check only one if making a political gift: 51 1 <input type="checkbox"/> Democratic 51 2 <input type="checkbox"/> Libertarian 51 3 <input type="checkbox"/> Republican		
52 Estimated payment penalty and MSA withdrawal penalty	52	00
53 Check applicable boxes: 53 1 <input type="checkbox"/> Annualized/Other 53 2 <input type="checkbox"/> Farmer or Fisherman 53 3 <input type="checkbox"/> Form 221 attached 53 4 <input type="checkbox"/> MSA Penalty		
54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 52	54	1,129 00
55 REFUND. Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	55	00
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings		
98		
56 AMOUNT OWED. Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. <input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.	56	00

YOUR NAME AS SHOWN ON PAGE 1

Marvin E**NONRESS**

YOUR SOCIAL SECURITY NO.

400-00-7501**PART A: Dependents - do not list yourself or spouse****A1** List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
FREDERICK NONRESS	114-45-6544	SON	12

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL**A2** **1****A3 a** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:**b** Enter dependents listed above who were not claimed on your federal return due to education credits:**PART B: Arizona Percent of Total Income**

	2007 FEDERAL		2007 ARIZONA	
	Amount from federal return		Source amount only	
B4 Wages, salaries, tips, etc.	B4	47,000 00	32,000 00	
B5 Interest	B5	140 00		00
B6 Dividends	B6			00
B7 Arizona income tax refunds	B7			00
B8 Business income (or loss) from federal Schedule C	B8	(46,225) 00	(46,225) 00	
B9 Gains (or losses) from federal Schedule D	B9			00
B10 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	B10	27,480 00	27,480 00	
B11 Other income reported on your federal return	B11	4,730 00	4,730 00	
B12 Total income: Add lines B4 through B11	B12	33,125 00	17,985 00	
B13 Other federal adjustments. Attach your own schedule	B13			00
B14 Federal adjusted gross income. Subtract line B13 from line B12 in the FEDERAL column	B14	33,125 00		
B15 Arizona income: Subtract line B13 from line B12 in the ARIZONA column. Enter here and on the front of this form on line 15	B15		17,985 00	
B16 Arizona percentage: Divide line B15 by line B14, and enter the result (not over 100%)	B16		54.3 %	

PART C: Additions to Income

C17 Early withdrawal of Arizona Retirement System contributions	C17		00
C18 Total depreciation included in Arizona gross income	C18	4,590 00	
C19 Other additions to income. See instructions and attach your own schedule See Schedule 1	C19	75,000 00	
C20 Total: Add lines C17 through C19. Enter here and on the front of this form on line 16	C20	79,590 00	

PART D: Subtractions from Income


D21 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	D21		00
D22 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	D22		00
D23 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	D23	2,300 00	
D24 Total exemptions: Add lines D21 through D23	D24	2,300 00	
D25 Multiply line D24 by the percentage on line B16, and enter the result	D25	1,249 00	
D26 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column	D26		00
D27 Arizona state lottery winnings included on line B11 in the ARIZONA column (up to \$5,000 only)	D27		00
D28 Agricultural crops contributed to Arizona charitable organizations	D28		00
D29 Construction of an energy efficient residence. See page 10 of the instructions. Enter number D29a <input type="text"/> , then amount	D29		00
D30 Other subtractions from income. See instructions and attach your own schedule See Schedule 1	D30	15,000 00	
D31 Total: Add lines D25 through D30. Enter here and on the front of this form, line 18	D31	16,249 00	

PART E: Last Name(s) Used in Prior Years if different from name(s) used in current year**E32**P
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I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 10-09-2007 FARMER
 YOUR SIGNATURE DATE OCCUPATION

 _____
 SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION

 PAID PREPARER'S SIGNATURE DOESKY RAEBABE AND MIMI
 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

88-6863879 10-09-2007 235 BUSINESS STREET
 PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS Cheesetown, PA 17201

If you are sending a payment, mail to Arizona Dept of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

**ARIZONA SCHEDULE
A(NR)**
**Itemized Deductions
For Nonresidents**
2007
Attach to your return

YOUR NAME AS SHOWN ON FORM 140NR Marvin E	YOUR SOCIAL SECURITY NUMBER 400-00-7501
SPOUSE'S NAME AS SHOWN ON FORM 140NR (if a joint return) NONRESS	SPOUSE'S SOCIAL SECURITY NUMBER

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses	1	9,119	00
2 Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3 Medical expenses allowed to be taken as a federal itemized deduction	3	6,635	00
4 Add line 2 and line 3, and enter the result	4	6,635	00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	2,484	00
6 If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit	7		00
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Adjustment to Gambling Losses

8 Wagering losses allowed as a federal itemized deduction	8		00
9 Total gambling winnings included in your federal adjusted gross income	9		00
10 Authorized Arizona lottery subtraction from Form 140NR, page 2, line D27	10		00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12		00

Adjustment to Property Taxes

13 If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
--	----	--	----

Adjustment to Charitable Contributions

14 Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
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Itemized Deductions

15 Add the amounts on lines 5 and 7	15	2,484	00
16 Add the amounts on lines 6, 12, 13 and 14	16		00
17 Total federal itemized deductions allowed to be taken on federal return	17	14,362	00
18 Enter the amount from line 15 above	18	2,484	00
19 Add lines 17 and 18	19	16,846	00
20 Enter the amount from line 16 above	20		00
21 Adjusted itemized deductions: Subtract line 20 from line 19	21	16,846	00
22 Enter your Arizona percentage from Form 140NR, page 2, line B16	22	54.3	%
23 Arizona itemized deductions: Multiply line 21 by the percentage on line 22. Enter the result here and on Form 140NR, page 1, line 20	23	9,147	00

NOTE: You must attach a copy of federal Form 1040, Schedule A to your return if you itemize your deductions.

SCHEDULES A&B
(Form 1040)**Schedule A - Itemized Deductions**

OMB No. 1545-0074

2007Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Marvin E NONRESS**400-00-7501**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	9,119		
2	Enter amount from Form 1040, line 38 2 33,125				
3	Multiply line 2 by 7.5% (.075)	3	2,484		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	6,635		
Taxes You Paid		5 State and local (check only one box):			
a <input checked="" type="checkbox"/> Income taxes, or		5	3,675		
b <input type="checkbox"/> General sales Taxes					
6	Real estate taxes (see page A-5)	6	80		
7	Personal property taxes	7	1,120		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9	4,875		
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	2,352
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	2,352
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	500
(If you made a gift and got a benefit for it, see page A-7.)		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	500
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶		21	
(See page A-9.)		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other - from list on page A-9. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	14,362
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶ . . . ▶			
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>					

Listing of Additional Dependents, Parents/Ancestors,
Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
Marvin E NONRESS	400-00-7501

Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancestor 2			
Parent/Ancestor 3			
Parent/Ancestor 4			

Other Additions Listing

Description	Amount
A. Pension Adjustments	
B. Married Persons Filing Separate Returns	
C. Partnership Income	
D. Fiduciary Adjustment	
E. Net Operating Losses	
F. Items Previously Deducted for Arizona Purposes	
G. Claim of Right Adjustment for Amounts Repaid in 2007	
H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I. Addition to S Corporation Income Due to Credits Claimed	
J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K. Wage Expense for Employers of TANF Recipients	
L. Motion Picture Production Expenses	
M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N. Depreciation or Amortization for a Water Conservation System	
O. Agricultural Water Conservation System Credit	
P. Other Adjustments (see instructions) See Schedule 2	75,000
Total Other Additions	75,000

Other Subtractions Listing

Description	Amount
A. Previously Reported Gain on Decedent's Installment Sale	
B. Fiduciary Adjustment	
C. Partnership Income	
D. Federally Taxable Arizona Municipal Interest	
E. Adoption Expenses	
F. Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H. Certain Expenses Not Allowed for Federal Purposes	
I. Qualified State Tuition Program Distributions	
J. Subtraction for World War II Victims	
K. Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L. Agricultural Crops Given to Arizona Charities	
M. Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N. Adjustment for IRC § 179 Expense Not Allowed	15,000
O. Displaced Pupil Choice Grant Awards	
P. Other Adjustments (see instructions)	
Total Other Subtractions	15,000

2007 Arizona Schedule 2

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
Marvin E NONRESS	400-00-7501

Schedule 1 Additions, Line P: Excess Section 179

a Control number				Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 11-1222334				1 Wages, tips, other compensation 15,000	2 Federal income tax withheld 1,100
c Employer's name, address, and ZIP code HATCH CHILE COMPANY 542 MAIN STREET Albuquerque NM 87102				3 Social security wages 15,000	4 Social security tax withheld 930
				5 Medicare wages and tips 15,000	6 Medicare tax withheld 218
				7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-7501				9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. MARVIN E NONRESS 452 Sierra Verde CT Albuquerque NM 87101				11 Nonqualified plans	12a See instructions for box 12 <small>Local</small>
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b <small>Local</small>
				14 Other	12c <small>Local</small>
					12d <small>Local</small>
f Employee's address and ZIP code					
15 State Employer's state ID no. NM 1489484	16 State wages, tips, etc. 15,000	17 State income tax 500	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by DOESKY RAEBABE AND MIMI.

**Test 7502
From 140NR**

ARIZONA

SSN: 400-00-7502

Description: Nonresident (Military), MFJ, 1 Dependent, Direct Deposit Refund, Extension

Arizona Information:

Forms used: Form 140NR (resident of UT), Form AZ-8879

Other:

Clean Election Deduction = 10

Routing Number: 021234567

Payment made with Extension = 100

Checking Acct #: 123123123

Contributions to the following check-off funds: AZ Wildlife: 5, Citizens' Clean Elections: 10, Child Abuse Prevention: 15, Domestic Violence Shelter: 20, National Guard Relief: 25, Neighbors Helping Neighbors: 30, Special Olympics: 35, Veterans' Fund: 37, Political Gift (Libertarian Party): 40, Total contributions: 217

Income Information:		Total	Arizona
Wages from two W-2 Forms		50,000	40,000
Pension (From 1099R)	Total: 15,000 Taxable:	12,000	—
Social Security	Total: 2,200 Taxable:	1,870	—
Federal AGI		63,870	

Deductions and Adjustments

Both Spouses are Over 65

Preparer Information:

Name = Fred Smith

Firm = Taxes R Us

Address = Altamont, UT 84001

Phone = 800-555-1212

Self Employed = Yes

SSN = 111-11-1111

FOR CALENDAR YEAR 2007 OR

FISCAL YEAR BEGINNING

AND ENDING

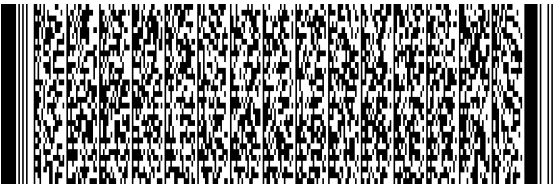
66

YOUR FIRST NAME AND INITIAL 1 George I		LAST NAME NONMILLY		YOUR SOCIAL SECURITY NO. (required) 400-00-7502	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 ISABEL H		LAST NAME NONMILLY		SPOUSE'S SOCIAL SECURITY NO. (required) 400-00-7567	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2 341 RONALD RD		DAYTIME PHONE (with area code)		89 X	
CITY, TOWN OR POST OFFICE 3 Salt Lake City, UT		STATE 84101		HOME PHONE (with area code) 94	
				Check this box if: 82F X Filing under extension	

Filing Status	4 X Married filing joint return	FOR DOR USE ONLY	
	5 Head of household - name of qualifying child or dependent		
	6 Married filing separate return. Enter spouse's Social Security Number above and full name here		
	7 Single		
Exemptions	Enter the number claimed. Do not put a check mark.		88
	8 02 Age 65 or over (you and/or spouse)		
	9 00 Blind (you and/or spouse)		
	10 01 Dependents. From page 2, line A2 - Do not include self or spouse.	81	80

11-13 Residency Status (check one): 11 Nonresident 12 X Nonresident Active Military 13 Composite Return

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN

		14 Federal AGI	14	63,870	00
		15 Arizona income (from page 2, line B15)	15	40,000	00
		16 Additions to income (from page 2, line C20)	16		00
		17 Add lines 15 and 16	17	40,000	00
		18 Subtractions. No. from line D29a: 18 1	18	4,069	00
		19 Arizona AGI. Line 17 minus line 18	19	35,931	00
		20 20 1 ITEMIZED 20 S X STANDARD	20	8,745	00
		21 Personal exemptions	21	6,300	00
		22 AZ taxable inc. Line 19 minus lines 20 & 21	22	20,886	00
		23 Compute tax. Use Tax Rate Table X or Y	23	543	00
24 Tax from recapture of credits	24		00		
25 Subtotal of tax. Add lines 23 and 24	25	543	00		
26-27 26 1 X YOURSELF 26 2 X SPOUSE	27	10	00		
28 Reduced tax. Subtract line 27 from line 25	28	533	00		

29 Credits from Arizona Form 301, line 57, or Forms 321, 322 and 323 if Form 301 is not required	29		00
30 Credit type. Enter form number of each credit claimed: 30 3 3 3 3 3	30		
31 Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions	31		00
32 Balance of tax. Subtract lines 29 and 31 from line 28. If the sum of lines 29 and 31 is more than line 28, enter zero	32	533	00
33 Arizona income tax withheld during 2007	33	1,500	00
34 Arizona estimated tax payments for 2007	34		00
35 Amount paid with 2007 Arizona extension request (Form 204)	35	100	00
36 Total payments/refundable credits. Add lines 33 through 35	36	1,600	00
37 TAX DUE. If line 32 is larger than line 36, subtract line 36 from line 32, and enter amount of tax due. Skip lines 38, 39 and 40	37		00
38 OVERPAYMENT. If line 36 is larger than line 32, subtract line 32 from line 36, and enter amount of overpayment	38	1,067	00
39 Amount of line 38 to be applied to 2008 estimated tax	39		00
40 Balance of overpayment. Subtract line 39 from line 38	40	1,067	00

41 - 50 Voluntary Gifts to:		AID TO EDUCATION (entire refund only)		41		00	ARIZONA WILDLIFE	42	5	00
		CITIZENS CLEAN ELECTIONS		43	10	00	CHILD ABUSE PREVENTION	44	15	00
		DOMESTIC VIOLENCE SHELTER		45	20	00	NATIONAL GUARD RELIEF FUND	46	25	00
		NEIGHBORS HELPING NEIGHBORS		47	30	00	SPECIAL OLYMPICS	48	35	00
		VETERAN'S DONATION FUND		49	37	00	POLITICAL GIFT	50	40	00

51 Check only one if making a political gift: 51 1 Democratic 51 2 X Libertarian 51 3 Republican	51		
52 Estimated payment penalty and MSA withdrawal penalty	52		00
53 Check applicable boxes: 53 1 Annualized/Other 53 2 Farmer or Fisherman 53 3 Form 221 attached 53 4 MSA Penalty	53		
54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 52	54	217	00
55 REFUND. Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	55	850	00
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER C X Checking or S Savings			
98 021234567 123123123			
56 AMOUNT OWED. Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.	56		00
Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.			

YOUR NAME AS SHOWN ON PAGE 1

George I**NONMILLY**

YOUR SOCIAL SECURITY NO.

400-00-7502**PART A: Dependents - do not list yourself or spouse****A1** List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
GERTRUDE NONMILLY	111-22-2444	DAUGHTER	12

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL**A2** **1****A3 a** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:**b** Enter dependents listed above who were not claimed on your federal return due to education credits:**PART B: Arizona Percent of Total Income**

	2007 FEDERAL		2007 ARIZONA	
	Amount from federal return		Source amount only	
B4 Wages, salaries, tips, etc.	B4	50,000 00	40,000	00
B5 Interest	B5			00
B6 Dividends	B6			00
B7 Arizona income tax refunds	B7			00
B8 Business income (or loss) from federal Schedule C	B8			00
B9 Gains (or losses) from federal Schedule D	B9			00
B10 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	B10			00
B11 Other income reported on your federal return	B11	13,870 00		00
B12 Total income: Add lines B4 through B11	B12	63,870 00	40,000	00
B13 Other federal adjustments. Attach your own schedule	B13			00
B14 Federal adjusted gross income. Subtract line B13 from line B12 in the FEDERAL column	B14	63,870 00		
B15 Arizona income: Subtract line B13 from line B12 in the ARIZONA column. Enter here and on the front of this form on line 15	B15		40,000	00
B16 Arizona percentage: Divide line B15 by line B14, and enter the result (not over 100%)	B16		62.6	%

PART C: Additions to Income

C17 Early withdrawal of Arizona Retirement System contributions	C17		00
C18 Total depreciation included in Arizona gross income	C18		00
C19 Other additions to income. See instructions and attach your own schedule	C19		00
C20 Total: Add lines C17 through C19. Enter here and on the front of this form on line 16	C20		00

PART D: Subtractions from Income


D21 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	D21	4,200 00		
D22 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	D22			00
D23 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	D23	2,300 00		
D24 Total exemptions: Add lines D21 through D23	D24	6,500 00		
D25 Multiply line D24 by the percentage on line B16, and enter the result	D25		4,069	00
D26 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column	D26			00
D27 Arizona state lottery winnings included on line B11 in the ARIZONA column (up to \$5,000 only)	D27			00
D28 Agricultural crops contributed to Arizona charitable organizations	D28			00
D29 Construction of an energy efficient residence. See page 10 of the instructions. Enter number D29a <input type="text"/> , then amount	D29			00
D30 Other subtractions from income. See instructions and attach your own schedule	D30			00
D31 Total: Add lines D25 through D30. Enter here and on the front of this form, line 18	D31		4,069	00


PART E: Last Name(s) Used in Prior Years if different from name(s) used in current year**E32**P
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I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 10-09-2007 Farmer
 YOUR SIGNATURE DATE OCCUPATION

 10-09-2007 Pilot
 SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION

Taxes R Us
 PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

111-11-1111 10-09-2007 .
 PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS Altamont, UT 84001

If you are sending a payment, mail to Arizona Dept of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

00 - 561332 - 07572 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL George I	LAST NAME NONMILLY	YOUR SOCIAL SECURITY NO. 400-00-7502
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL ISABEL H	LAST NAME NONMILLY	SPOUSE'S SOCIAL SECURITY NO. 400-00-7567

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	35,931	00
2	Balance Of Tax	2	533	00
3	Arizona Income Tax Withheld	3	1,500	00

Check box 4 or box 5:

4 ☒ **REFUND.** Enter the amount of refund 4 850 00

5 ☐ **AMOUNT YOU OWE.** Enter the amount owed 5 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT	ROUTING NUMBER
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0 2 1 2 3 4 5 6 7
ACCOUNT NUMBER	
1 2 3 1 2 3 1 2 3	
DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	\$.00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize Eddie Ensley III to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	10-09-2007
		DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 11-1222387			1 Wages, tips, other compensation 10,000		2 Federal income tax withheld 1,250
c Employer's name, address, and ZIP code U. S. AIR FORCE 1817 Mountain Vista Road Fort Collins CO 80521			3 Social security wages 10,000		4 Social security tax withheld 620
			5 Medicare wages and tips 10,000		6 Medicare tax withheld 145
			7 Social security tips		8 Allocated tips
d Employee's social security number 400-00-7567			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name Suff. ISABEL H NONMILLY 341 RONALD RD Salt Lake City UT 84101			11 Nonqualified plans		12a See instructions for box 12 Local
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Local
			14 Other		12c Local
					12d Local
f Employee's address and ZIP code					
15 State Employer's state ID no. UT 12-3444777	16 State wages, tips, etc. 10,000	17 State income tax 1,000	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by Taxes R Us.



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code Retirement Annuity Fund of Americ 542 MAIN STREET Lancaster PA 17601		1 Gross distribution \$ 15,000 2a Taxable amount \$ 12,000		OMB No. 1545-0119 2007 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 11-1222334	RECIPIENT'S identificaton number 400-00-7567	3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name ISABEL H NONMILLY Street address (including apt. no.) 341 RONALD RD City, state, and ZIP code Salt Lake City UT 97309		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$ 6 Net unrealized appreciation in employer's securities \$		7 Distribution Code 1 IRA/SEP/SIMPLE <input type="checkbox"/> 8 Other \$ % 9a Your percentage of total distribution % 9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$ 2,000 \$		11 State/Payer's state no. UT 1489484		
Account number (see instructions)		13 Local tax withheld \$ \$		14 Name of locality \$ \$		
				12 State distribution \$ 12,000 \$		15 Local distribution \$ \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by Taxes R Us.

**Test 7503
Form 140PY**

ARIZONA

SSN: 400-00-7503

Description: Part year Resident, MFJ, 1 Blind, 3 Dependents, Refund

Arizona Information:

Forms used: Form 140PY (resident of AZ & NC), Schedule APYN, Form AZ-8453

Other:

Clean Election Deduction = 10

Refund to: Aid to Education Fund

AZ residency: July 1 to December 31

Taxpayers' Daytime Phone Number 520-349-5960

Taxpayers' Home Phone Number 520-524-4838

Income Information:

	Total	Arizona
Wages from two W-2 Forms	62,840	32,000
Federal AGI	62,840	

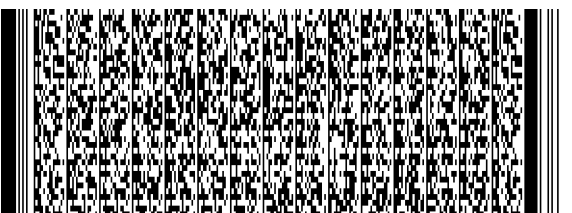
Deductions and Adjustments

Medical and Dental paid while an AZ resident	3,800
Taxes incurred and paid while an AZ resident	2,196
Home Mortgage Interest paid while an AZ resident	5,700
Gifts to Charity paid while an AZ resident	400
Medical and Dental paid while a nonresident of AZ but partially allowable as an AZ deduction	1,562
Federal Schedule A Total (Standard Deduction)	11,750

YOUR FIRST NAME AND INITIAL 1 Thomas D		LAST NAME Partyguy		YOUR SOCIAL SECURITY NO. (required) 400-00-7503	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 MARY B		LAST NAME Partyguy		SPOUSE'S SOCIAL SECURITY NO. (required) 400-00-7568	
PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE 2 923 HOPE ST		APT. NO.		DAYTIME PHONE (with area code) 520-349-5960	
CITY, TOWN OR POST OFFICE 3 DOUGLAS, AZ		STATE 85607		ZIP CODE	
HOME PHONE (with area code) 94 520-524-4838		Check this box if: 82F <input checked="" type="checkbox"/> Filing under extension			

Filing Status		FOR DOR USE ONLY	
4 <input checked="" type="checkbox"/> Married filing joint return			
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent			
6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here.			
7 <input type="checkbox"/> Single			
Exemptions			
8 <input type="checkbox"/> Age 65 or over (you and/or spouse)		88	
9 <input type="checkbox"/> Blind (you and/or spouse)			
10 <input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.			
11 <input type="checkbox"/> Qualifying parents and ancestors of your parents from page 2, line A5.		81	
		80	

12-13 Residency Status (check one): 12 <input checked="" type="checkbox"/> Part-Year Resident Other than Active Military		13 <input type="checkbox"/> Part-Year Resident Active Military	
--	--	---	--

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN		14 Federal AGI - 14 62,840 00	
		15 Arizona income (from page 2, line B19) . 15 32,000 00	
		16 Additions to income (from page 2, line C24) . . . 16 00	
		17 Add lines 15 and 16 17 32,000 00	
		18 Subtractions. Number from line D34a. 181 18 4,276 00	
		19 Arizona AGI. Line 17 minus line 18 . . . 19 27,724 00	
		20-21 <input checked="" type="checkbox"/> ITEMIZED 20 S <input type="checkbox"/> STANDARD 20 12,715 00	
		21 Personal exemptions 21 3,207 00	
		22 AZ taxable inc. Ln 19 minus lines 20 & 21 22 11,802 00	
		23 Compute tax. Use Tax Table X or Y . . . 23 306 00	
		24 Tax from recapture of credits 24 00	
25 Subtotal of tax. Add lines 23 and 24 . . 25 306 00			
26-27 26 1 <input checked="" type="checkbox"/> YOURSELF 26 2 <input checked="" type="checkbox"/> SPOUSE 27 10 00			
28 Reduced tax. Subtract line 27 from line 25 28 296 00			

29 Family income tax credit from worksheet on page 16 of the instructions 29 00	
30 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322 and 323 if Form 301 is not required 30 00	
31 Credit type. Enter form number of each credit claimed: 31 3 3 3 3 3	
32 Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions 32 00	
33 Balance of tax. Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero 33 296 00	
34 Arizona income tax withheld during 2007 34 796 00	
35 Arizona estimated tax payments for 2007 35 00	
36 Amount paid with 2007 Arizona extension request (Form 204) 36 00	
37 Increased Excise Tax Credit. From worksheet on page 18 of the instructions 37 00	
38 Total payments/refundable credits. Add lines 34 through 37 38 796 00	
39 TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, & enter amount of tax due. Skip lines 40, 41 & 42 39 00	
40 OVERPAYMENT. If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment 40 500 00	
41 Amount of line 40 to be applied to 2008 estimated tax 41 00	
42 Balance of overpayment. Subtract line 41 from line 40 42 500 00	

43 - 52 Voluntary Gifts to:		43 500 00		44 00	
AID TO EDUCATION (entire refund only)		45 00		46 00	
CITIZENS CLEAN ELECTIONS DOMESTIC VIOLENCE SHELTER		47 00		48 00	
NEIGHBORS HELPING NEIGHBORS		49 00		50 00	
VETERAN'S DONATION FUND		51 00		52 00	
53 Check only one if making a political gift: 53 1 <input type="checkbox"/> Democratic 53 2 <input type="checkbox"/> Libertarian 53 3 <input type="checkbox"/> Republican					
54 Estimated payment penalty and MSA withdrawal penalty		54		00	
55 Check applicable boxes: 55 1 <input type="checkbox"/> Annualized/Other 55 2 <input type="checkbox"/> Farmer or Fisherman 55 3 <input type="checkbox"/> Form 221 attached 55 4 <input type="checkbox"/> MSA Penalty					
56 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54		56 500		00	
57 REFUND. Subtract line 56 from line 42. If less than zero, enter amount owed on line 58		57		00	
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER		98			
58 AMOUNT OWED. Add lines 39 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.		58		00	
<input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.					

400-00-7503

A1	List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.			NO. OF MONTHS LIVED IN YOUR HOME IN 2007	
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP		
	JEFFREY Partyguy	400-55-7566	SON	12	
	SAMUEL Partyguy	400-55-7567	SON	12	
SANDRA Partyguy			400-55-7568	DAUGHTER	12
A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10 TOTAL				A2	3
A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:					
b Enter dependents listed above who were not claimed on your federal return due to education credits:					
A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.					
FIRST AND LAST NAME			SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
A5 Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL					
A5 0					
B6 Dates of Arizona residency: From 07-01-2007 to 12-31-2007 . List other state(s) of residency: NC					
B7 Wages, salaries, tips, etc.					
B8 Interest					
B9 Dividends					
B10 Arizona income tax refunds					
B11 Alimony received					
B12 Business income (or loss) from federal Schedule C					
B13 Gains (or losses) from federal Schedule D					
B14 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E					
B15 Other income reported on your federal return					
B16 Total income: Add lines B7 through B15					
B17 Federal adjustments. Attach your own schedule					
B18 Federal adjusted gross income. Subtract line B17 from line B16 in the FEDERAL column					
B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on page 1 of this form, line 15					
B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)					
C21 Early withdrawal of Arizona Retirement System contributions					
C22 Total depreciation included in Arizona gross income					
C23 Other additions to income. See instructions and attach your own schedule					
C24 Total: Add lines C21 through C23. Enter here and on page 1 of this form on line 16					
D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100					
D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500					
D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300					
D28 Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000					
D29 Total exemptions: Add lines D25 through D28					
D30 Multiply line D29 by the percentage on line B20, and enter the result					
D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column					
D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only)					
D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income					
D34 Construction of an energy efficient residence. See page 11 of instructions. Enter number D34a , then amount					
D35 Other subtractions from income. See instructions and attach your own schedule					
D36 Total: Add lines D30 through D35. Enter here and on page 1 of this form, line 18					

P L E A S E S I G N	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	▶ _____	_____	CONSTRUCTION FOREMAN
	YOUR SIGNATURE	DATE	OCCUPATION
	▶ _____	_____	REAL ESTATE PROFESSIONAL
	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
_____	_____	_____	
	PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
_____	_____	_____	
	PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS

**ARIZONA SCHEDULE
A(PYN)**

**Itemized Deductions
For Part-Year Residents**

D1 - 8/21/07

2007

Who also had Arizona source income during the period of the year while a nonresident.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140PY Thomas D	Partyguy	YOUR SOCIAL SECURITY NUMBER 400-00-7503
SPOUSE'S NAME AS SHOWN ON FORM 140PY (if a joint return) MARY B	Partyguy	SPOUSE'S SOCIAL SECURITY NUMBER 400-00-7568

**Part I: Itemized Deductions for the Period of the Year While an Arizona Resident Plus Arizona
Source Itemized Deductions for the Period While a Nonresident**

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1	3,800	00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2	2,196	00
3 Interest expense: See instructions	3	5,700	00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4	400	00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8 Divide line 7 by line 6, and enter the percentage	8		%
9 Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12 Divide line 11 by line 10, and enter the percentage	12		%
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	13		00
14 Multiply line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
Skip lines 16 through 20 if not deducting gambling losses.			
16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income	17		00
18 Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32	18		00
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17	19		00
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"	20		00
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22 Add lines 14 and 21	22		00

Thomas D

Partyguy

400-00-7503

Subtotal of Itemized Deductions

23	Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, skip lines 24 through 28	23	12,096	00
24	If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold	24		00
25	Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation	25		00
26	Divide line 23 by line 25, and enter the percentage	26		%
27	Multiply line 24 by the percentage on line 26, and enter the result	27		00
28	Subtract line 27 from line 23, and enter the result	28		00

Part II: Portion of Itemized Deductions Allowable for the Part of the Year**While a Nonresident****Adjustment to Medical and Dental Expenses**

29	Medical and dental expenses	29	1,562	00
30	Amount of MSA distributions used to pay qualified medical expenses included on line 29	30		00
31	Medical expenses allowed to be taken as a federal itemized deduction	31		00
32	Add lines 30 and 31, and enter the result	32		00
33	If line 29 is the same as or more than line 32, subtract line 32 from line 29. Otherwise, go to line 34	33	1,562	00
34	If line 32 is more than line 29, subtract line 29 from line 32	34		00

Adjustment to Interest Deduction

35	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit	35		00
-----------	--	-----------	--	----

Adjustment to Gambling Losses

36	Wagering losses allowed as a federal itemized deduction	36		00
37	Total gambling winnings included in your federal adjusted gross income	37		00
38	Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32	38		00
39	Maximum allowable gambling loss deduction: Subtract line 38 from line 37	39		00
40	If line 39 is less than line 36, subtract line 39 from line 36; otherwise enter "zero"	40		00

Adjustment to Property Taxes

41	If you are claiming the property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	41		00
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Adjustment to Charitable Contributions

42	Amount of charitable contributions for which you are taking a credit under Arizona law	42		00
-----------	--	-----------	--	----

Adjusted Itemized Deductions

43	Add the amounts on lines 33 and 35	43	1,562	00
44	Add lines 34, 40, 41 and 42	44		00
45	Total itemized deductions allowed to be taken on federal return	45	11,750	00
46	Enter the amount from line 43 above	46	1,562	00
47	Add the amount on lines 45 and 46	47	13,312	00
48	Enter the amount from line 44 above	48		00
49	Subtract line 48 from line 47	49	13,312	00
50	If you skipped lines 24 through 28, enter the amount on line 23 here. If you completed lines 24 through 28, enter the amount from line 28 here	50	12,096	00
51	Subtract line 50 from line 49	51	1,216	00
52	Arizona percentage from line 4 of the worksheet on page 2 of the Schedule A(PYN) instructions	52	50.9	%
53	Multiply the percentage on line 52 by the amount on line 51	53	619	00
54	Add lines 50 and 53. Enter the result here and on Form 140PY, page 1, line 20	54	12,715	00

00 - 561332 - 07573 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL Thomas D	LAST NAME Partyguy	YOUR SOCIAL SECURITY NO. 400-00-7503
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL MARY B	LAST NAME Partyguy	SPOUSE'S SOCIAL SECURITY NO. 400-00-7568

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	27,724	00
2	Balance Of Tax	2	296	00
3	Arizona Income Tax Withheld	3	796	00

Check box 4 or box 5:

- 4 ☐ **REFUND.** Enter the amount of refund 4 00
- 5 ☐ **AMOUNT YOU OWE.** Enter the amount owed 5 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT	ROUTING NUMBER																																				
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
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DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT																																				
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> .00																		

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☒ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize _____ to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	▶ _____	10-09-2007
	YOUR PEN AND INK SIGNATURE	DATE
	▶ _____	10-09-2007
	SPOUSE'S PEN AND INK SIGNATURE	DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

**Test 7504
Form 140PY**

ARIZONA

SSN: 400-00-7504

Description: Part year, H of H, over 65, blind, in Military, Direct Deposit

Arizona Information:

Forms used: Form 140PY (resident of AZ, CA, and NC), Schedule APY, Form AZ-8453

Other:

Clean Election Deduction = 0

Routing Number: 021234567

AZ Estimated Tax Payments = 3,500

Checking Acct #: 122122123

Contributions to the following check-off funds: AZ Wildlife: 10, Citizens' Clean Elections: 15, Child Abuse Prevention: 20, Domestic Violence Shelter: 25, National Guard Relief: 30, Neighbors Helping Neighbors: 35, Special Olympics: 40, Veterans' Fund: 45, Political Gift (Republican Party): 50, Total contributions: 270

AZ residency: March 17 to October 10

Family income tax credit = 80

Income Information:

	Total	Arizona
Wages from two W-2 Forms	36,000	15,000
Interest (including \$1,000 US Savings Bonds)	1,515	1,515
Dividends	655	655
Schedule C (Net Business Income) (CA)	13,250	
Unemployment comp. from 1099-G (NC)	3,560	—
Schedule SE (self employment tax deduction)	936	—
IRA Deduction	1,000	1,000
Federal AGI	53,044	

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	2,000	2,000
State/Local Taxes (W2 + Estimated)	4,642	4,642
Real Estate Taxes	1,150	1,150
Personal Property Taxes	296	296
Home Mortgage Interest	7,000	7,000

Preparer Information:

Name = Ima Luckyone II

Firm = Drake Income Tax

Address = 235 Palmer Street, Franklin, NC 28734-1234

Phone = 828-888-8888

Self Employed = No

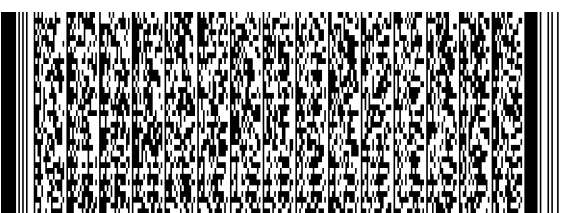
PTIN = 24680000

EIN = 56-1494243

YOUR FIRST NAME AND INITIAL 1 Kaye P		LAST NAME Duty		YOUR SOCIAL SECURITY NO. (required) 400-00-7504	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required)	
PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE APT. NO. 2 13 WINNERS CIR		DAYTIME PHONE (with area code) 520-349-5827		IMPORTANT	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 ELOY, AZ 85231		HOME PHONE (with area code) 94 520-524-0612			
				Check this box if: 82F <input type="checkbox"/> Filing under extension	

Filing Status	4 <input type="checkbox"/> Married filing joint return	FOR DOR USE ONLY	
	5 <input checked="" type="checkbox"/> Head of household - name of qualifying child or dependent GERTRUDE Duty		
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here.		
	7 <input type="checkbox"/> Single		
Exemptions	8 <input type="checkbox"/> Enter the number claimed. Do not put a check mark.	88	
	9 <input type="checkbox"/> Age 65 or over (you and/or spouse)		
	10 <input type="checkbox"/> Blind (you and/or spouse)		
	11 <input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.		
	11 <input type="checkbox"/> Qualifying parents and ancestors of your parents from page 2, line A5.	81	80

12-13 Residency Status (check one): 12 <input type="checkbox"/> Part-Year Resident Other than Active Military	13 <input checked="" type="checkbox"/> Part-Year Resident Active Military
--	---

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN		14 Federal AGI - 14 53,044 00	
		15 Arizona income (from page 2, line B19) - 15 16,170 00	
		16 Additions to income (from page 2, line C24) - 16 00	
		17 Add lines 15 and 16 - 17 16,170 00	
		18 Subtractions. Number from line D34a. 181 <input type="checkbox"/> 18 6,900 00	
		19 Arizona AGI. Line 17 minus line 18 - 19 9,270 00	
		20 <input checked="" type="checkbox"/> ITEMIZED 20 S <input type="checkbox"/> STANDARD 20 14,108 00	
		21 Personal exemptions - 21 4,200 00	
		22 AZ taxable inc. Ln 19 minus lines 20 & 21 22 00	
		23 Compute tax. Use Tax Table X or Y - 23 00	
		24 Tax from recapture of credits - 24 00	
25 Subtotal of tax. Add lines 23 and 24 - 25 00			
26-27 261 <input type="checkbox"/> YOURSELF 262 <input type="checkbox"/> SPOUSE 27 00			
28 Reduced tax. Subtract line 27 from line 25 28 00			

29 Family income tax credit from worksheet on page 16 of the instructions - 29 80 00
30 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322 and 323 if Form 301 is not required - 30 00
31 Credit type. Enter form number of each credit claimed: 31 3 3 3 3 32 Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions - 32 00
33 Balance of tax. Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero - 33 00
34 Arizona income tax withheld during 2007 - 34 162 00
35 Arizona estimated tax payments for 2007 - 35 3,500 00
36 Amount paid with 2007 Arizona extension request (Form 204) - 36 00
37 Increased Excise Tax Credit. From worksheet on page 18 of the instructions - 37 00
38 Total payments/refundable credits. Add lines 34 through 37 - 38 3,662 00
39 TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, & enter amount of tax due. Skip lines 40, 41 & 42 - 39 00
40 OVERPAYMENT. If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment - 40 3,662 00
41 Amount of line 40 to be applied to 2008 estimated tax - 41 00
42 Balance of overpayment. Subtract line 41 from line 40 - 42 3,662 00

43 - 52 Voluntary Gifts to:		AID TO EDUCATION (entire refund only) 43 00		ARIZONA WILDLIFE 44 10 00	
CITIZENS CLEAN ELECTIONS DOMESTIC VIOLENCE SHELTER 45 15 00		CHILD ABUSE PREVENTION 46 20 00		NATIONAL GUARD RELIEF FUND 47 25 00	
NEIGHBORS HELPING NEIGHBORS 48 30 00		SPECIAL OLYMPICS 49 35 00		POLITICAL GIFT 50 40 00	
VETERAN'S DONATION FUND 51 45 00				52 50 00	
53 Check only one if making a political gift: 531 <input type="checkbox"/> Democratic 532 <input type="checkbox"/> Libertarian 533 <input checked="" type="checkbox"/> Republican					
54 Estimated payment penalty and MSA withdrawal penalty - 54 00					
55 Check applicable boxes: 551 <input type="checkbox"/> Annualized/Other 552 <input type="checkbox"/> Farmer or Fisherman 553 <input type="checkbox"/> Form 221 attached 554 <input type="checkbox"/> MSA Penalty					
56 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54 - 56 270 00					
57 REFUND. Subtract line 56 from line 42. If less than zero, enter amount owed on line 58 - 57 3,392 00					
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings					
98 021234567 123123123					
58 AMOUNT OWED. Add lines 39 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment. <input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH. 58 00					

PART A:

Dependents

A1

List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
GERTRUDE Duty	341-23-2132	DAUGHTER	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10 TOTAL

A2

1

A3

a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

0

PART B:

Arizona Percent of Total Income

B6

Dates of Arizona residency: From 03-17-2007 to 10-10-2007 .
List other state(s) of residency: NC CA

	2007 FEDERAL Amount from federal return	2007 ARIZONA Amount only
B7 Wages, salaries, tips, etc.	B7 36,000 00	15,000 00
B8 Interest	B8 1,515 00	1,515 00
B9 Dividends	B9 655 00	655 00
B10 Arizona income tax refunds	B10 00	00
B11 Alimony received	B11 00	00
B12 Business income (or loss) from federal Schedule C	B12 13,250 00	00
B13 Gains (or losses) from federal Schedule D	B13 00	00
B14 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	B14 00	00
B15 Other income reported on your federal return	B15 3,560 00	00
B16 Total income: Add lines B7 through B15	B16 54,980 00	17,170 00
B17 Federal adjustments. Attach your own schedule	B17 1,936 00	1,000 00
B18 Federal adjusted gross income. Subtract line B17 from line B16 in the FEDERAL column	B18 53,044 00	
B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on page 1 of this form, line 15	B19	16,170 00
B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)	B20	30.5 %

PART C:

Additions

C21

Early withdrawal of Arizona Retirement System contributions C21 | 00 || C22 Total depreciation included in Arizona gross income | C22 | 00 |
| C23 Other additions to income. See instructions and attach your own schedule | C23 | 00 |
| C24 Total: Add lines C21 through C23. Enter here and on page 1 of this form on line 16 | C24 | 00 |

PART D:

Subtractions from Income

D25

Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 D25 | 2,100 00 || D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 | D26 | 1,500 00 |
D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	D27	2,300 00
D28 Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000	D28	00
D29 Total exemptions: Add lines D25 through D28	D29	5,900 00
D30 Multiply line D29 by the percentage on line B20, and enter the result	D30	5,900 00
D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column	D31	1,000 00
D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only)	D32	00
D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income	D33	00
D34 Construction of an energy efficient residence. See page 11 of instructions. Enter number D34a , then amount	D34	00
D35 Other subtractions from income. See instructions and attach your own schedule	D35	00
D36 Total: Add lines D30 through D35. Enter here and on page 1 of this form, line 18	D36	6,900 00

PART E:

Preparer's Signature

E37

Last name(s) used in prior years if different from name(s) used in current year: _____

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-09-2007

Executive Chef

DATE

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

PAID PREPARER'S TIN

10-09-2007

DATE

DRAKE INCOME TAX

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

235 PALMER STREET

FRANKLIN, NC 28734-1234

If you are also sending a payment, mail to Arizona Dept. of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

ADOR 91-0069 (07) 1024

AZ Form 140PY (2007)

Page 2 of 2

ARIZONA SCHEDULE
A(PY)

Itemized Deductions
For Part-Year Residents

D-1 (08/22/07)
2007

Attach to your return

YOUR NAME AS SHOWN ON FORM 140PY Kaye P	YOUR SOCIAL SECURITY NUMBER 400-00-7504
SPOUSE'S NAME AS SHOWN ON FORM 140PY (if a joint return) Duty	SPOUSE'S SOCIAL SECURITY NUMBER

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1	2,000	00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2	5,108	00
3 Interest expense: See instructions	3	7,000	00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4		00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8 Divide line 7 by line 6, and enter the percentage	8		%
9 Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12 Divide line 11 by line 10, and enter the percentage	12		%
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	13		00
14 Multiply line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00

Skip lines 16 through 20 if not deducting gambling losses.

16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income	17		00
18 Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32	18		00
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17	19		00
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"	20		00
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22 Add lines 14 and 21	22		00

Total Itemized Deductions

23 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20	23	14,108	00
24 If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold	24		00
25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation	25		00
26 Divide line 23 by line 25, and enter the percentage	26		%
27 Multiply line 24 by the percentage on line 26, and enter the result	27		00
28 Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 20	28		00

SCHEDULES A&B
(Form 1040)**Schedule A - Itemized Deductions**

OMB No. 1545-0074

2007Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Kaye P Duty**400-00-7504**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	2,000		
2	Enter amount from Form 1040, line 38 2 53,044				
3	Multiply line 2 by 7.5% (.075)	3	3,978		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5 State and local (check only one box):			
a <input checked="" type="checkbox"/> Income taxes, or		5	4,642		
b <input type="checkbox"/> General sales Taxes					
6	Real estate taxes (see page A-5)	6	1,150		
7	Personal property taxes	7	296		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			6,088
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	7,000
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	7,000
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	
(If you made a gift and got a benefit for it, see page A-7.)		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶		21	
(See page A-9.)		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other - from list on page A-9. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	13,088
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶ ▶			
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter. ▶			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>					

00 - 561332 - 07574 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

Kaye P

Duty

400-00-7504

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	9,270	00
2	Balance Of Tax	2		00
3	Arizona Income Tax Withheld	3	162	00

Check box 4 or box 5:

4 ☒ REFUND. Enter the amount of refund 4 3,392 005 ☐ AMOUNT YOU OWE. Enter the amount owed 5 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

0 2 1 2 3 4 5 6 7

ACCOUNT NUMBER

1 2 3 1 2 3 1 2 3

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$.00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize CHUCK GRISE to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
	DATE	
	SPOUSE'S PEN AND INK SIGNATURE	DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

a Control number				Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 56-1234567				1 Wages, tips, other compensation 21,000	2 Federal income tax withheld 800
c Employer's name, address, and ZIP code US ARMY 1 LICKSKILLET LANE HORSE SHOE NC 28742				3 Social security wages 21,000	4 Social security tax withheld 1,302
				5 Medicare wages and tips 21,000	6 Medicare tax withheld 305
				7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-7504				9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Suff. KAYE P DUTY 13 WINNERS CIR HORSE SHOE NC 28742				11 Nonqualified plans	12a See instructions for box 12 <small>Local</small>
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b <small>Local</small>
				14 Other	12c <small>Local</small>
					12d <small>Local</small>
f Employee's address and ZIP code					
15 State Employer's state ID no. NC 568866	16 State wages, tips, etc. 21,000	17 State income tax 980	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by DRAKE INCOME TAX.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. STATE OF NORTH CAROLINA 1000 MAIN STREET RALEIGH NC 27634	1 Unemployment compensation OMB No. 1545-0120	2007 Form 1099-G
	\$ 3,560	
	2 State or local income tax refunds, credits, or offsets \$	

**Certain
Government
Payments**

PAYER'S Federal identification number 411111114	RECIPIENT'S identification number 400-00-7504	3 Box 2 amount is for tax year 2007	4 Federal income tax withheld \$
RECIPIENT'S name Kaye P Duty Street address (including apt. no.) 13 WINNERS CIR City, state, and ZIP code ELOY AZ 85231		5 ATAA payments	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>
		State NC	State identification number
Account number (see instructions)		State unemployment amount	State withholding

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service

**Test 7505
Form 140**

ARIZONA

SSN: 400-00-7505

Description: Resident, H of H, 9 dependents, Direct Deposit Refund

Arizona Information:

Forms used: Form 140, Schedule A, Schedule I, Form 301, Form 323, Form AZ-8453

Other:

Clean Election Deduction = 5

Routing Number: 022166554

Checking Acct #: 121121123

Contributions to the following check-off funds: AZ Wildlife: 5, Citizens' Clean Elections: 6, Child Abuse Prevention: 7, Domestic Violence Shelter: 8, National Guard Relief: 9, Neighbors Helping Neighbors: 10, Special Olympics: 20, Veterans' Fund: 76, Political Gift (Libertarian Party): 40, Total contributions: 181

Items previously deducted for Arizona purposes 225

Agricultural crops given to AZ charities 225

Taxpayers' Daytime Phone Number: 520-349-5959

Taxpayers' Home Phone Number: 520-524-4837

Income Information:

Total

Wages from two W-2 Forms 80,900

Interest on Federal return (does NOT include Non-AZ municipal interest from OR = 500) 500

Pension from Form 1099-R: 15,000 Taxable Amount: 10,000

Arizona Lottery Winnings from Form W-2G 500

Unemployment Compensation from Form 1099-G 5,400

Federal AGI 97,300

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction) 10,500

State/Local Taxes (W2s + 1,250 Oregon Estimated) 3,773

Real Estate Taxes 97

Personal Property Taxes 186

Home Mortgage Interest 3,500

Contributions 2,000

Tax Preparation 150

Preparer Information:

Firm = Pima Pawn Shop

Address = 2nd Street, Tucson, AZ 85701

Phone = 520-524-2921

Self Employed = No

SSN = 400-66-8712

EIN = 91-5552144


Test 7505

Dependents & Parents/Ancestors

ARIZONA

SSN: 400-00-7505

Dependent Name, SSN, Relationship, and Months lived in home	Qualifies as Federal Dependent	Qualifies as Parent/Ancestor for AZ	Dependents not claimed on Federal return due to education credits	Dependents who do not qualify on Federal return
Angela Winner 400-55-7560 Daughter 12	X			
Gabriel Winner 400-55-7561 Son 12	X			
Michael Monday 400-55-7562 Son 12	X			
David Saint 400-55-7570 Parent 0	X	X		
Lucky Monday 400-55-7563 Daughter 12	X			
Archie Winner 400-93-7564 Son 12	X			
Zach Winner 400-55-7565 Son 12			X	
Norm Greentree 400-55-7566 Other 12				X
Mary Saint 400-55-7571 Parent 0	X	X		

YOUR FIRST NAME AND INITIAL 1 Happy I		LAST NAME Winner		YOUR SOCIAL SECURITY NO. (required) 400-00-7505	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required)	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 7 HEAVENS LN		DAYTIME PHONE (with area code) 520-349-5959		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 TUCSON, AZ 85701		HOME PHONE (with area code) 94 520-524-4837		Check this box if: 82F <input type="checkbox"/> Filing under extension	
4 <input type="checkbox"/> Married filing joint return		5 <input checked="" type="checkbox"/> Head of household - name of qualifying child or dependent ANGELA Winner		FOR DOR USE ONLY	
6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here					
7 <input type="checkbox"/> Single					
8 <input type="checkbox"/> Age 65 or over (you and/or spouse)					
9 <input type="checkbox"/> Blind (you and/or spouse)		10 <input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.			
11 <input type="checkbox"/> Qualifying parents and ancestors of your parents. From page 2, line A5.					
THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN		12 Federal adjusted gross income		12	97,300.00
		13 Additions to income (from page 2, line B13)		13	725.00
		14 Add lines 12 and 13		14	98,025.00
		15 Subtractions. No. from line C27a: 151 <input type="checkbox"/>		15	36,825.00
		16 Arizona AGI. Line 14 minus line 15		16	61,200.00
		17 17 <input checked="" type="checkbox"/> ITEMIZED 17 <input type="checkbox"/> STANDARD		17	19,556.00
		18 Personal exemptions		18	4,200.00
		19 AZ taxable inc. Line 16 minus lines 17 & 18		19	37,444.00
		20 Compute tax. Use line 19 & proper tax table		20	1,020.00
		21 Tax from recapture of credits		21	.00
		22 Subtotal of tax. Add lines 20 and 21		22	1,020.00
23-24 23 <input checked="" type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE		24	5.00		
25. Reduced tax. Subtract line 24 from line 22		25	1,015.00		
26. Family income tax credit from p. 15 of instr		26	.00		
27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required		27	500.00		
28 Credit type. Enter form number of each credit claimed: 28 323 3 3 3 3					
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions		29	.00		
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25: enter zero		30	515.00		
31 Arizona income tax withheld during 2007		31	2,523.00		
32 Arizona estimated tax payments for 2007		32	.00		
33 Amount paid with 2007 Arizona extension request (Form 204)		33	.00		
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions		34	.00		
35 Property Tax Credit from Form 140PTC		35	.00		
36 Total payments/refundable credits: Add lines 31 through 35		36	2,523.00		
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40		37	.00		
38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment		38	2,008.00		
39 Amount of line 38 to be applied to 2008 estimated tax		39	.00		
40 Balance of overpayment. Subtract line 39 from line 38		40	2,008.00		
41 - 50 Voluntary Gifts to:					
AID TO EDUCATION (entire refund only)		41	.00	ARIZONA WILDLIFE 42 5.00	
CITIZENS CLEAN ELECTION		43	6.00	CHILD ABUSE PREVENTION 43 7.00	
DOMESTIC VIOLENCE SHELTER		44	8.00	NATIONAL GUARD. 46 9.00	
NEIGHBORS HELPING.		47	10.00	RELIEF FUND 48 20.00	
VETERANS' DONATIONS FUND		49	76.00	SPECIAL OLYMPICS 48 20.00	
		50	.00	POLITICAL GIFT 50 40.00	
51 Check only one if making a political gift: 51 <input type="checkbox"/> Democratic 51 <input checked="" type="checkbox"/> Libertarian 51 <input type="checkbox"/> Republican					
52 Estimated payment penalty and MSA withdrawal penalty		52	.00		
53 Check applicable boxes: 53 <input type="checkbox"/> Annualized/Other 53 <input type="checkbox"/> Farmer or Fisherman 53 <input type="checkbox"/> Form 221 attached 53 <input type="checkbox"/> MSA Penalty					
54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52		54	181.00		
55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56		55	1,827.00		
Direct Deposit or Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings					
98 021234567 123123123					
56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. <input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.		56	.00		

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
ANGELA Winner	400-55-7560	DAUGHTER	12
GABRIEL Winner	400-55-7561	SON	12
MICHAEL MONDAY	400-55-7562	SON	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. **Also complete Part C below** TOTAL

A2

7

A3

a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

Norman Greentree

b Enter dependents listed above who were not claimed on your federal return due to education credits:

ZACH Winner

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
DAVID SAINT	400-55-7570	PARENT	00

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

2

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	500	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule See Schedule 1	B12	225	00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	725	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	16,100	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	20,000	00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	36,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21	500	00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 11 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule See Schedule 1	C29	225	00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	36,825	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

0

DATE

Entertainer

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

PIMA PAWN SHOP

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

91-5552144

0

DATE

2ND STREET

PAID PREPARER'S TIN

TUCSON, AZ 85701

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140 Happy I Winner		YOUR SOCIAL SECURITY NUMBER 400-00-7505
SPOUSE'S NAME AS SHOWN ON FORM 140 (if a joint return)		SPOUSE'S SOCIAL SECURITY NUMBER

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	10,500	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3	3,202	00
4	Add line 2 and line 3, and enter the result	4	3,202	00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	7,298	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit	7		00
---	--	---	--	----

Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8	500	00
9	Total gambling winnings included in your federal adjusted gross income	9	500	00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10	500	00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	500	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
----	---	----	--	----

Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14	500	00
----	--	----	-----	----

Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
----	--	----	--	----

Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	7,298	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17	1,000	00
18	Total federal itemized deductions allowed to be taken on federal return	18	13,258	00
19	Enter the amount from line 16 above	19	7,298	00
20	Add lines 18 and 19	20	20,556	00
21	Enter the amount from line 17 above	21	1,000	00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17	22	19,556	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

SCHEDULES A&B
(Form 1040)**Schedule A - Itemized Deductions**

OMB No. 1545-0074

2007Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Happy I Winner**400-00-7505**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	10,500		
2	Enter amount from Form 1040, line 38 2 97,300				
3	Multiply line 2 by 7.5% (.075)	3	7,298		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	3,202		
Taxes You Paid		5 State and local (check only one box):			
a <input checked="" type="checkbox"/> Income taxes, or		5	3,773		
b <input type="checkbox"/> General sales Taxes					
6	Real estate taxes (see page A-5)	6	97		
7	Personal property taxes	7	186		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9	4,056		
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	3,500
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	3,500
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	2,000
(If you made a gift and got a benefit for it, see page A-7.)		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	2,000
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶		21	
(See page A-9.)		22 Tax preparation fees		22	150
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	150
		25 Enter amount from Form 1040, line 38 25 97,300		25	
		26 Multiply line 25 by 2% (.02)		26	1,946
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0
Other Miscellaneous Deductions		28 Other - from list on page A-9. List type and amount ▶			
		GAMBLING LOSSES 500		28	500
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶ . . . ▶		29	13,258
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter. ▶			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>					

301

For the calendar year 2007, or
fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

Happy I Winner

YOUR SOCIAL SECURITY NUMBER

400-00-7505

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

SPOUSE'S SOCIAL SECURITY NUMBER

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3		00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	7a		00
7b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	7b		00
7c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	7c		00
7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	7d		00
8	Credit for Solar Energy Devices from Form 310	8		00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Pollution Control Credit from Form 315	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12	Credit for Employment of TANF Recipients from Form 320	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14		00
15	Credit for Contributions to School Tuition Organizations from Form 323	15	500	00
16	Agricultural Pollution Control Equipment Credit from Form 325	16		00
17	Credit for Donation of School Site from Form 331	17		00
18	Credit for Healthy Forest Enterprises from Form 332	18		00
19	Credit for Employing National Guard Members from Form 333	19		00
20	Credit for Motion Picture Production Costs from Form 334	20		00
21	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	21		00
22	Credit for Investment in Qualified Small Businesses from Form 338	22		00
23	Credit for Water Conservation Systems from Form 339	23		00
24	Total Available Tax Credits: Add lines 1 through 23	24	500	00

Continued on page 2 ►

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	25	1,020	00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	1,015	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part V, line 23	28		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part IX, line 35	29		00
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	30		00
31	Subtotal: Add lines 27 and 30	31	1,015	00
32	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	32		00
33	Subtract line 32 from line 31	33	1,015	00

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

34	Defense Contracting Credit from Form 302	34		00
35	Enterprise Zone Credit from Form 304	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 31)	36		00
37	Military Reuse Zone Credit from Form 306	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 31 or \$5,000)	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	40d		00
41	Credit for Solar Energy Devices from Form 310	41		00
42	Agricultural Water Conservation System Credit from Form 312	42		00
43	Pollution Control Credit from Form 315	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	44		00
45	Credit for Employment of TANF Recipients from Form 320	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323	48	500	00
49	Agricultural Pollution Control Equipment Credit from Form 325	49		00
50	Credit for Donation of School Site from Form 331	50		00
51	Credit for Healthy Forest Enterprises from Form 332	51		00
52	Credit for Employing National Guard Members from Form 333	52		00
53	Credit for Motion Picture Production Costs from Form 334	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line 33. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	500	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

323

Credit for Contributions to Private School Tuition Organizations

Do not use this form for contributions or amounts paid to a public school. See Form 322 for contributions or amounts paid to public schools.

For the calendar year 2007, or
fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X Happy I Winner	YOUR SOCIAL SECURITY NO. 400-00-7505
SPOUSE'S NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	SPOUSE'S SOCIAL SECURITY NO.

Current Year's Credit

1a Qualifying Contributions Made to:

Name of school tuition organization: UNIVERSITY OF PHOENIX
Address of school tuition organization: 765 NORTH ROAD
Glendale, AZ 85301

Amount of contributions made to school tuition organization named on line 1a **1a** 750 00

1b Qualifying Contributions Made to:

Name of school tuition organization: _____
Address of school tuition organization: _____

Amount of contributions made to school tuition organization named on line 1b **1b** _____ 00

If you made contributions to more than 2 school tuition organizations, attach a separate schedule.

1c Total contributions made to school tuition organizations during 2007	1c	<u>750</u>	<u>00</u>
2 Single taxpayers or heads of household, enter \$500 here. Married taxpayers enter \$1000 here	2	<u>500</u>	<u>00</u>
3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2	3	<u>500</u>	<u>00</u>

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4	2002	\$	\$	\$
5	2003	\$	\$	\$
6	2004	\$	\$	\$
7	2005	\$	\$	\$
8	2006	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER:			\$

Total Available Credit

10 Current year's credit: enter the amount from line 3	10	<u>500</u>	<u>00</u>
11 Available credit carryover from line 9, column (d)	11		<u>00</u>
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions	12	<u>500</u>	<u>00</u>

00 - 561332 - 07575 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

Happy I

Winner

400-00-7505

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	61,200	00
2	Balance Of Tax	2	515	00
3	Arizona Income Tax Withheld	3	2,523	00

Check box 4 or box 5:

4 ☒ **REFUND.** Enter the amount of refund 4 1,827 00

5 ☐ **AMOUNT YOU OWE.** Enter the amount owed 5 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

0 2 1 2 3 4 5 6 7

ACCOUNT NUMBER

1 2 3 1 2 3 1 2 3

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$.00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize Joe Smith to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	0
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	
		DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
Happy I Winner	400-00-7505

Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2007
Dependent 4	Michael MONDAY	400-55-7563	DAUGHTER	12
Dependent 5	ARCHIBALD Winner	900-93-7564	SON	12
Dependent 6	ZACH Winner	400-55-7565	CHILD	12
Dependent 7	Norman Greentree	400-55-7566	OTHER	12
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancestor 2	MARY SAINT	400-55-7571	PARENT	00
Parent/Ancestor 3				
Parent/Ancestor 4				

Other Additions Listing

Description	Amount
A. Pension Adjustments	
B. Married Persons Filing Separate Returns	
C. Partnership Income	150
D. Fiduciary Adjustment	
E. Net Operating Losses	
F. Items Previously Deducted for Arizona Purposes	75
G. Claim of Right Adjustment for Amounts Repaid in 2007	
H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I. Addition to S Corporation Income Due to Credits Claimed	
J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K. Wage Expense for Employers of TANF Recipients	
L. Motion Picture Production Expenses	
M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N. Depreciation or Amortization for a Water Conservation System	
O. Agricultural Water Conservation System Credit	
P. Other Adjustments (see instructions)	
Total Other Additions	225

Other Subtractions Listing

Description	Amount
A. Previously Reported Gain on Decedent's Installment Sale	125
B. Fiduciary Adjustment	
C. Partnership Income	
D. Federally Taxable Arizona Municipal Interest	
E. Adoption Expenses	
F. Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	100
H. Certain Expenses Not Allowed for Federal Purposes	
I. Qualified State Tuition Program Distributions	
J. Subtraction for World War II Victims	
K. Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L. Agricultural Crops Given to Arizona Charities	
M. Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N. Adjustment for IRC § 179 Expense Not Allowed	
O. Displaced Pupil Choice Grant Awards	
P. Other Adjustments (see instructions)	
Total Other Subtractions	225

a Control number				Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .		
b Employer identification number (EIN) 61-2987342				1 Wages, tips, other compensation 3,200	2 Federal income tax withheld 78	
c Employer's name, address, and ZIP code FICA CIRCUS 123 BLUEBIRD CIRCLE BETHLEHEM KY 40007				3 Social security wages 3,200	4 Social security tax withheld 198	
				5 Medicare wages and tips 3,200	6 Medicare tax withheld 46	
				7 Social security tips	8 Allocated tips	
d Employee's social security number 400-00-7505				9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. HAPPY I WINNER 7 HEAVENS LN TUCSON AZ 85701				11 Nonqualified plans	12a See instructions for box 12 Local L 100	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b Local	
				14 Other	12c Local	
					12d Local	
f Employee's address and ZIP code	15 State Employer's state ID no. AZ 61-2987342	16 State wages, tips, etc. 3,200	17 State income tax 23	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by PIMA PAWN SHOP.

☐ CORRECTED

OMB No. 1545-0238

PAYER'S name Arizona State Lottery Street address 199 Market Street City, state, and ZIP code Glendale AZ 85304 Federal identification number Telephone number 55-5555123	1 Gross winnings 500	2 Federal income tax withheld
	3 Type of wager Lottery	4 Date won 2007-07-04
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name Happy I Winner Street address (including apt. no.) 7 HEAVENS LN City, state, and ZIP code TUCSON AZ 85701	9 Winner's taxpayer ID no. 400-00-7505	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state ID no. AZ55-5555123	14 State income tax withheld
	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments. Signature ▶ Date ▶	

2008
Form W-2G
Certain
Gambling
Winnings

For Privacy Act and
 Paperwork Reduction Act
 Notice, see the **2008**
General Instructions for
Forms 1099, 1098, 5498,
and W-2G.

File with Form 1096.

Copy A
For Internal Revenue
Service Center

Form **W-2G**

Department of the Treasury - Internal Revenue Service

The information on this Form W-2G was used to prepare
 the taxpayer's 2007 Federal tax return by PIMA PAWN SHOP.



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code THE EMPLOYEEER THE ROAD WAYNESVILLE NC 28786		1 Gross distribution \$ 15,000 2a Taxable amount \$ 10,000		OMB No. 1545-0119 2007 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 11-1222333	RECIPIENT'S identification number 400-00-7505	3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$			
RECIPIENT'S name Happy I Winner Street address (including apt. no.) 7 HEAVENS LN City, state, and ZIP code TUCSON AZ 85701		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$ 7 Distribution Code 1	6 Net unrealized appreciation in employer's securities \$ 8 Other \$ %	9a Your percentage of total distribution % 9b Total employee contributions \$	
1st year of desig. Roth contrib. 		10 State tax withheld \$ 2,500 \$	11 State/Payer's state no. AZ 11-1222333	12 State distribution \$ 10,000 \$	
Account number (see instructions)		13 Local tax withheld \$ \$	14 Name of locality	15 Local distribution \$ \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by PIMA PAWN SHOP.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. State Government 123 Main Street Phoenix AZ 85001		1 Unemployment compensation	OMB No. 1545-0120
		\$ 5,400	2007 Form 1099-G
		2 State or local income tax refunds, credits, or offsets \$	
PAYER'S Federal identification number 700800900	RECIPIENT'S identification number 400-00-7505	3 Box 2 amount is for tax year 2007	4 Federal income tax withheld \$
RECIPIENT'S name Happy I Winner Street address (including apt. no.) 7 HEAVENS LN City, state, and ZIP code TUCSON AZ 85701		5 ATAA payments	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>
		State AZ	State identification number 700800900
Account number (see instructions)		State unemployment amount 5,400	State withholding

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service

**Test 7506
Form 140**

ARIZONA

SSN: 400-00-7506

Description: Resident, Single, Direct Debit

Arizona Information:

Forms used: Form 140, Schedule 1, Schedule 2, Forms 221, 301, 306, 307, 312, 319, 325, 332, and AZ-8879

Other:

Clean Election Deduction = 5

AZ Estimated Tax Payments = 100

Medical Savings Account Distribution = 450

Routing Number: 022173454

Checking Acct #: 321121123

Schedule 1: Add: (Line G: 600) + (Line H: 175) Subtract: (Line H: 5,000) + (Line L: 550)

Construction of energy efficient residence = 5,000

Form 221: Underpayment of estimated tax penalty

Taxpayers' Daytime Phone Number: 866-400-5000

Income Information:

Total

Wages from one W-2 Form	450,000
Dividends	86,666
Schedule F (Net Farming Loss)	(36,666)
Federal AGI	500,000

Deductions and Adjustments

Total

Arizona

Depreciation: excluding Section 179	1,666	1,666
Section 179 Expense	50,000	25,000

Preparer Information:

Firm = Drake Income Tax


Address = 235 Palmer Street, Franklin, NC 28734-1234

Phone = 828-888-1818

Self Employed = No

PTIN = P24680000

EIN = 56-1494243

YOUR FIRST NAME AND INITIAL 1 RAYMOND		LAST NAME Getstoomuch		YOUR SOCIAL SECURITY NO. (required) 400-00-7506	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required)	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 811 MOUNTAIN VIEW LANE		DAYTIME PHONE (with area code) 866-400-5000		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 GLOBE, AZ 85501		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	
Filing status: 4 <input type="checkbox"/> Married filing joint return 5 <input type="checkbox"/> Head of household - name of qualifying child or dependent 6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here 7 <input checked="" type="checkbox"/> Single		FOR DOR USE ONLY			
Etiomps: 8 00 Age 65 or over (you and/or spouse) 9 00 Blind (you and/or spouse) 10 00 Dependents. From page 2, line A2 - do not include self or spouse. 11 00 Qualifying parents and ancestors of your parents. From page 2, line A5.		88 81 80			
THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 		12 Federal adjusted gross income 12 500,000 00 13 Additions to income (from page 2, line B13) . . 13 27,891 00 14 Add lines 12 and 13 14 527,891 00 15 Subtractions. No. from line C27a: 15 1 15 17,216 00 16 Arizona AGI. Line 14 minus line 15 16 510,675 00 17 17 <input type="checkbox"/> ITEMIZED 17S <input checked="" type="checkbox"/> STANDARD . . 17 4,373 00 18 Personal exemptions 18 2,100 00 19 AZ taxable inc. Line 16 minus lines 17 & 18 . . 19 504,202 00 20 Compute tax. Use line 19 & proper tax table . 20 21,852 00 21 Tax from recapture of credits 21 00 00 22 Subtotal of tax. Add lines 20 and 21 22 21,852 00 23-24 23 1 <input checked="" type="checkbox"/> YOURSELF 23 2 <input type="checkbox"/> SPOUSE 24 5 00 25 Reduced tax. Subtract line 24 from line 22 . . 25 21,847 00 26 Family income tax credit from p. 15 of instr . . 26 00 00 27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required 27 11,075 00 28 Credit type. Enter form number of each credit claimed: 28 306 307 312 319 29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions 29 00 00 30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25: enter zero 30 10,772 00 31 Arizona income tax withheld during 2007 31 400 00 32 Arizona estimated tax payments for 2007 32 100 00 33 Amount paid with 2007 Arizona extension request (Form 204) 33 00 00 34 Increased Excise Tax Credit from worksheet on page 17 of the instructions 34 00 00 35 Property Tax Credit from Form 140PTC 35 00 00 36 Total payments/refundable credits: Add lines 31 through 35 36 500 00 37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40 37 10,272 00 38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment 38 00 00 39 Amount of line 38 to be applied to 2008 estimated tax 39 00 00 40 Balance of overpayment. Subtract line 39 from line 38 40 00 00 41-50 Voluntary Gifts to: AID TO EDUCATION 41 00 00 ARIZONA WILDLIFE 42 00 00 entire refund only) CITIZENS CLEAN ELECTION 43 00 00 CHILD ABUSE PREVENTION 44 00 00 DOMESTIC VIOLENCE SHELTER 45 00 00 NATIONAL GUARD. 46 00 00 NEIGHBORS HELPING. 47 00 00 RELIEF FUND NEIGHBORS 48 00 00 SPECIAL OLYMPICS 48 00 00 VETERANS' DONATIONS FUND 49 00 00 POLITICAL GIFT 50 00 00 51 Check only one if making a political gift: 51 <input type="checkbox"/> Democratic 51 <input type="checkbox"/> Libertarian 51 <input type="checkbox"/> Republican 52 Estimated payment penalty and MSA withdrawal penalty 52 489 00 53 Check applicable boxes: 53 <input type="checkbox"/> Annualized/Other 53 <input type="checkbox"/> Farmer or Fisherman 53 <input checked="" type="checkbox"/> Form 221 attached 53 <input type="checkbox"/> MSA Penalty 54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52 54 489 00 55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56 55 00 00 56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 10,761 00 <input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.			

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. **Also complete Part C below** TOTAL

A2

0

A3

a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9	1,666	00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10	450	00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11	25,000	00
B12	Other additions to income. See instructions and attach your own schedule See Schedule 1	B12	775	00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	27,891	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16		00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18		00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23	1,666	00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 11 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <u>1</u> , then amount	C27	5,000	00
C28	Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule See Schedule 1	C29	10,550	00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	17,216	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31 _____

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-09-2007

TAX PREPARER

SPOUSE'S SIGNATURE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

DRAKE INCOME TAX

PAID PREPARER'S SIGNATURE

10-09-2007

235 PALMER STREET

PAID PREPARER'S SIGNATURE

10-09-2007

FRANKLIN, NC 28734-1234

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

ARIZONA FORM

Underpayment of Estimated Tax by Individuals

2007

221

Attach to your return

NAME (FIRST, MIDDLE INITIAL, LAST). IF JOINT RETURN, ALSO GIVE SPOUSE'S NAME AND INITIAL

SOCIAL SECURITY NUMBER

RAYMOND Getstoomuch

400-00-7506

Part A Calculation of Underpayment

1	I am claiming an exception from the imposition of the estimated payment penalty and interest because I qualified for federal relief under IRC§ 6654. Check box and see instructions	1	<input type="checkbox"/>
2	Amount of tax for 2007 from Form 140, page 1, line 25, or form 140PY, page 1, line 28, or Form 140NR, page 1, line 28	2	21,847 00
3	Tax credits claimed on your 2007 Arizona return	3	11,075 00
4	Subtract line 3 from line 2	4	10,772 00
5	Arizona tax withheld during 2007. Do not include any estimated tax payments or amounts paid with Form 204 on this line	5	400 00
6	Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221	6	10,372 00
7	Multiply line 4 by 90% (.90)	7	9,695 00
8	Enter the immediately preceding year's tax liability after tax credits. See instructions	8	00
9	Required Annual Payment: Enter the lesser of line 7 or line 8	9	9,695 00

		(a)	(b)	(c)	(d)	
10	Payment date	10	Apr-16-2007	Jun-15-2007	Sep-17-2007	Jan-15-2008
11	Divide the amount on line 9 by the number of payments required for the year (usually four). Enter the result in appropriate columns. If you use any other installment method, check this box <input type="checkbox"/> . If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11	11	04152008	04152008	04152008	04152008
12	Estimated tax paid and income tax withheld. See instructions	12	2,424	2,424	2,424	2,423
13	Overpayment: See instructions	13	200	100	100	100
14	Add lines 12 and 13	14				
15	Underpayment: Subtract line 14 from line 11; or Overpayment: Subtract line 11 from line 14	15	200	100	100	100
			UNDER	UNDER	UNDER	UNDER
			2,224	2,324	2,324	2,323

Part B Underpayment of Estimated Tax Penalty

16	RATE PERIOD ONE: 8% (Apr-16-07 - Jun-30-07) Computation starting date for this period	16	Apr-16-07	Jun-15-07		
17	Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2007 whichever is earlier	17	Days: 74	Days: 15		
18	Number of days on line 17 x 8% x underpayment on line 15 365	18	36	8		
19	RATE PERIOD TWO: 8% (Jul-1-07 - Sep-30-07) Computation starting date for this period	19	Jun-30-07	Jun-30-07	Sep-17-07	
20	Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2007 whichever is earlier	20	Days: 92	Days: 92	Days: 15	
21	Number of days on line 20 x 8% x underpayment on line 15 365	21	45	47	8	
22	RATE PERIOD THREE: *% (Oct-1-07 - Dec-31-07) Computation starting date for this period	22	Sep-30-07	Sep-30-07	Sep-30-07	
23	Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2007 whichever is earlier	23	Days: 92	Days: 92	Days: 92	
24	Number of days on line 23 x *% x underpayment on line 15 365	24	45	47	47	
25	RATE PERIOD FOUR: *% (Jan-1-08 - Apr-15-08) Computation starting date for this period	25	Dec-31-07	Dec-31-07	Dec-31-07	Jan-15-08
26	Number of days after the date on line 25 through the date the amount on line 15 was paid or April 15, 2008 whichever is earlier	26	Days: 106	Days: 106	Days: 106	Days: 91
27	Number of days on line 26 x *% x underpayment on line 15 plus any penalty from Rate Periods One, Two and Three if the underpayment is unpaid as of January 1, 2008 366	27	52	54	54	46
28	Penalty: Column (a) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column a. Column (b) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column b. Column (c) - Add lines 21, 24, 27. Enter the total on line 28 of column c. Column (d) - Enter the amount from column d, line 27.	28	178	156	109	46
29	Penalty Limitation: In columns a through d, list the smaller of line 15 x 10% or the amount from line 28	29	178	156	109	46
30	TOTAL PENALTY: Add the amounts in columns a, b, c, and d, line 29 (see instructions)	30				489 00

400-00-7506

Complete lines 1 through 23 of one column before completing the next column.

[illegible]

301

For the calendar year 2007, or
fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

RAYMOND Getstoomuch

YOUR SOCIAL SECURITY NUMBER

400-00-7506

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

SPOUSE'S SOCIAL SECURITY NUMBER

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1 Defense Contracting Credit from Form 302	1		00
2 Enterprise Zone Credit from Form 304	2		00
3 Environmental Technology Facility Credit from Form 305	3		00
4 Military Reuse Zone Credit from Form 306	4	7,800	00
5 Recycling Equipment Credit from Form 307	5	50	00
6 Credit for Increased Research Activities from Form 308-I	6		00
7a Resident Credit for Taxes Paid to Another State or Country from Form 309-R	7a		00
7b Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	7b		00
7c Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	7c		00
7d Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	7d		00
8 Credit for Solar Energy Devices from Form 310	8		00
9 Agricultural Water Conservation System Credit from Form 312	9	975	00
10 Pollution Control Credit from Form 315	10		00
11 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11	725	00
12 Credit for Employment of TANF Recipients from Form 320	12		00
13 Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13		00
14 Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14		00
15 Credit for Contributions to School Tuition Organizations from Form 323	15		00
16 Agricultural Pollution Control Equipment Credit from Form 325	16	625	00
17 Credit for Donation of School Site from Form 331	17		00
18 Credit for Healthy Forest Enterprises from Form 332	18	900	00
19 Credit for Employing National Guard Members from Form 333	19		00
20 Credit for Motion Picture Production Costs from Form 334	20		00
21 Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	21		00
22 Credit for Investment in Qualified Small Businesses from Form 338	22		00
23 Credit for Water Conservation Systems from Form 339	23		00
24 Total Available Tax Credits: Add lines 1 through 23	24	11,075	00

Continued on page 2 ►

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	25	21,852	00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	21,847	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part V, line 23	28		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part IX, line 35	29		00
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	30		00
31	Subtotal: Add lines 27 and 30	31	21,847	00
32	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	32		00
33	Subtract line 32 from line 31	33	21,847	00

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

34	Defense Contracting Credit from Form 302	34		00
35	Enterprise Zone Credit from Form 304	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 31)	36		00
37	Military Reuse Zone Credit from Form 306	37	7,800	00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 31 or \$5,000)	38	50	00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	40d		00
41	Credit for Solar Energy Devices from Form 310	41		00
42	Agricultural Water Conservation System Credit from Form 312	42	975	00
43	Pollution Control Credit from Form 315	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	44	725	00
45	Credit for Employment of TANF Recipients from Form 320	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325	49	625	00
50	Credit for Donation of School Site from Form 331	50		00
51	Credit for Healthy Forest Enterprises from Form 332	51	900	00
52	Credit for Employing National Guard Members from Form 333	52		00
53	Credit for Motion Picture Production Costs from Form 334	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line 33. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	11,075	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

ARIZONA FORM
306**Military Reuse Zone Credit****2007**For the calendar year 2007 or
fiscal year beginning _____ and ending _____.**Attach to your return.**

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

RAYMOND Getstoomuch

Social security number or employer identification number

400-00-7506**Part I Business Information**

1 Business name	1	IMPERIAL HOLDINGS
2 Business location	2	1234 CLOSED BASE WAY
		PHOENIX, AZ 85072
3 Employer identification number	3	14-8484848
4 Name of military reuse zone	4	AREA 41

Part II Net Increase in Employment

5 Average employment during the current taxable year	5	3.25	
6 Employment baseline for preceding taxable year	6	2.00	
7 Net increase in employment - subtract line 6 from line 5	7		1

Part III Maximum Number of New Employees

8 Dislocated military base employees. Enter the number of new employees who are dislocated military base employees	8	2
9 Non-dislocated military base employees. Enter the number of new employees who are non-dislocated military base employees	9	2
10 Total number of new employees. Add line 8 and line 9	10	4
11 Net increase in employment. Enter the number from Part II, line 7	11	1
12 Maximum number of new employees. Enter the lesser of line 10 or line 11	12	1

Part IV Credit Calculation for Dislocated Military Base Employees

	(a) Number of dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
13 New employees in first year of employment	2	\$1,000	2,000
14 Employees in the second year of continuous employment	1	\$1,500	1,500
15 Employees in the third year of continuous employment	1	\$2,000	2,000
16 Employees in the fourth year of continuous employment		\$2,500	
17 Employees in the fifth year of continuous employment		\$3,000	
18 Total	4		5,500

Part V Credit Calculation for Non-Dislocated Military Base Employees

		(a) Number of non-dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
19	New employees in first year of employment	1	\$500	500
20	Employees in the second year of continuous employment		\$1,000	
21	Employees in the third year of continuous employment	1	\$1,500	1,500
22	Employees in the fourth year of continuous employment		\$2,000	
23	Employees in the fifth year of continuous employment		\$2,500	
24	Total	2		2,000

Part VI S Corporation Credit Election and Shareholder's Share of Credit

25 The S Corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c)
(for the taxable year mentioned above);

OR

☐ Pass the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c)
(for the taxable year mentioned above) through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholders, complete lines 26 through 29 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 306.

26 Name of shareholder _____

27 Shareholder's TIN _____

28 Shareholder's share of the amount on Part IV, line 18, column (c) 28 00

29 Shareholder's share of the amount on Part V, line 24, column (c) 29 00

Part VII Partner's Share of Credit

Complete lines 30 through 33 separately for each partner.
Furnish each partner with a copy of the completed Form 306.

30 Name of partner _____

31 Partner's TIN _____

32 Partner's share of the amount on Part IV, line 18, column (c) 32 00

33 Partner's share of the amount on Part V, line 24, column (c) 33 00

Part VIII Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
34	Taxable year	2006					
35	Original credit amount	1,000					
36	Amount previously used	675					
37	Tentative carryover - subtract line 36 from line 35	325					
38	Amount unallowable - see instructions	25					
39	Available carryover - subtract line 38 from line 37	300					
40	Total available carryover						300

Part IX Total Available Credit

41

Current year's credit for dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part IV, line 18, column (c). S corporation shareholders - enter amount from Part VI, line 28. Partners of a partnership - enter amount from Part VII, line 32

41

5,500

00

42

Current year's credit for non-dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part V, line 24, column (c). S corporation shareholders - enter amount from Part VI, line 29. Partners of a partnership - enter amount from Part VII, line 33

42

2,000

00

43

Available credit carryover - from Part VIII, line 40, column (f)

43

300

00

44

Total available credit - add lines 41, 42 and 43. Corporations and S corporations - enter total here and on Form 300, Part I, line 4. Individuals - enter total here and on Form 301, Part I, line 4

44

7,800

00

Name: RAYMOND GetstoomuchTIN: 400-00-7506

Form 306-1 (2007)

All New Dislocated Military Base Employees

If you have more than 25 new dislocated military base employees, complete additional schedules.	(b)	(c)
(a) Employee name	Social security number	Date of hire or transfer
1 FERDINAND MARSHALL	151-56-1656	01-01-2000
2 FEDERICK TIMUR	879-97-8456	01-01-2002
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Name: RAYMOND GetstoomuchTIN: 400-00-7506

Form 306-2 (2007)

Dislocated Military Base Employees Claimed

If you are claiming more than 25 dislocated military base employees, complete additional schedules.	(b) Social security number	(c) Check the appropriate box. This employee is a:				
(a) Employee name		1st year employee (c)1	2nd year employee (c)2	3rd year employee (c)3	4th year employee (c)4	5th year employee (c)5
¹ ISABELLA BORGIA	489-18-9198		X			
² FEDERICK TIMUR	879-97-8456			X		
³						
⁴						
⁵						
⁶						
⁷						
⁸						
⁹						
¹⁰						
¹¹						
¹²						
¹³						
¹⁴						
¹⁵						
¹⁶						
¹⁷						
¹⁸						
¹⁹						
²⁰						
²¹						
²²						
²³						
²⁴						
²⁵						
26 Total - Add lines 1 through 25. Enter the total here.			1	1		

Name: RAYMOND GetstoomuchTIN: 400-00-7506

Form 306-3 (2007)

All New Non-Dislocated Military Base Employees

If you have more than 25 new non-dislocated military base employees, complete additional schedules.	(b)	(c)
(a) Employee name	Social security number	Date of hire or transfer
1 NICHOLAS ROMANOV	119-88-9779	01-01-2003
2 ALEXANDER BOURBON	189-87-7898	01-01-2005
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Name: RAYMOND GetstoomuchTIN: 400-00-7506

Form 306-4 (2007)

Non-Dislocated Military Base Employees Claimed

If you are claiming more than 25 non-dislocated military base employees, complete additional schedules.	(b)	(c) Check the appropriate box. This employee is a:				
(a) Employee name	Social security number	1st year employee (c)1	2nd year employee (c)2	3rd year employee (c)3	4th year employee (c)4	5th year employee (c)5
¹ DMITRI STUKOV	119-89-4848					X
² ALEXANDER BOURBON	189-87-7898	X				
³						
⁴						
⁵						
⁶						
⁷						
⁸						
⁹						
¹⁰						
¹¹						
¹²						
¹³						
¹⁴						
¹⁵						
¹⁶						
¹⁷						
¹⁸						
¹⁹						
²⁰						
²¹						
²²						
²³						
²⁴						
²⁵						
26 Total - Add lines 1 through 25. Enter the total here.		1				1

ARIZONA FORM**307****Recycling Equipment Credit****2007**

For the calendar year 2007, or	
fiscal year beginning _____	and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR, 140X RAYMOND Getstoomuch	YOUR SOCIAL SECURITY NO. 400-00-7506
SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR, 140X	SPOUSE'S SOCIAL SECURITY NO.

Individual Taxpayers

Laws 2003, Ch. 122§§ 6 and 11, repealed the individual tax credit (A.R.S. § 43-1076) effective for taxable years beginning from and after December 31, 2002. Individual taxpayers, including individual partners of a partnership, no longer qualify for the recycling equipment credit. A partnership cannot pass the credit through to its individual partners.

However, Laws 2003, Ch. 122§ 10, provides that individual taxpayers may claim carryovers of unused tax credits from taxable years beginning prior to January 1, 2003 for the succeeding 15 taxable years after the unused credit year. You cannot carryover any unused credit related to recycling equipment that had ceased to be recycling equipment or was transferred to another person at any time during the last four (but less than five) years. **See instructions for additional information.**

Part I Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
1	1993	\$ 100	\$ 50	\$ 50
2	1994	\$	\$	\$
3	1995	\$	\$	\$
4	1996	\$	\$	\$
5	1997	\$	\$	\$
6	1998	\$	\$	\$
7	1999	\$	\$	\$
8	2000	\$	\$	\$
9	2001	\$	\$	\$
10	2002	\$	\$	\$
11	TOTAL AVAILABLE CARRYOVER: Add the amounts on lines 1 through 10 in column (d). Enter the total on line 11 of column (d) and on Form 301, Part 1, line 5			\$ 50

Agricultural Water Conservation System Credit

For the calendar year 2007, or fiscal year beginning and ending	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 165 OR 120S

YOUR SOCIAL SECURITY NUMBER OR
EMPLOYER IDENTIFICATION NUMBER

RAYMOND Getstoomuch

400-00-7506

Part I Qualifying Water Conservation System

- | | | | |
|---|---|-------------------------------------|--------------------------|
| 1 | Do you have a conservation plan on file and in effect with the United States Department of Agriculture Soil Conservation Service? | YES | NO |
| 1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to question 1 is "Yes", enter the following:

2a Date filed 2a 02-02-2004

2b Location of Soil Conservation Office **2b** 67 VERNON WAY

PHOENIX, AZ 85032

- 3** Check a box below and indicate the type of change or system installed.

System Changes:

- ☒ Unlined field ditch to concrete lined ditch
- ☐ Unlined field ditch to underground pipeline
- ☐ Unlined field ditch to gated pipes
- ☐ Sloping unleveled surface field to slope on precise grade
- ☐ Sloping surface irrigated field to level basin
- ☐ Sloping field with surface irrigation to sprinkler
- ☐ Surface or sprinkler to trickle (above ground)
- ☐ Surface or sprinkler to subsurface trickle (below ground)
- ☐ Increasing the size of field ditch to provide larger head
- ☐ Unused runoff water to tailwater recovery system
- ☐ Other - Please describe:

Part II Calculation of the Current Taxable Year's Credit

- | | | | | |
|---|--|---|-------|----|
| 4 | Total amount of expenses for current taxable year | 4 | 1,500 | 00 |
| 5 | Total amount of reimbursement | 5 | 200 | 00 |
| 6 | Net amount of qualifying expenses: Subtract line 5 from line 4 | 6 | 1,300 | 00 |
| 7 | Current taxable year's credit: Multiply line 6 by 75% (.75) | 7 | 975 | 00 |

NAME(S) AS SHOWN ON PAGE 1

RAYMOND Getstoomuch

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO

400-00-7506

Part III S Corporation Individual Shareholder's Share of Credit

Complete lines 8 through 10 separately for each individual shareholder. Furnish each individual shareholder with a copy of the completed Form 312.

8	Name of shareholder: _____		
9	Individual shareholder's Social Security Number: _____		
10	Individual shareholder's share of the amount on Part II, line 7	10	00

Part IV Partnership Individual Partner's Share of Credit

Complete lines 11 through 13 separately for each individual partner. Furnish each individual partner with a copy of the completed Form 312.

11	Name of individual partner: _____		
12	Individual partner's Social Security Number: _____		
13	Individual partner's share of the amount on Part II, line 7	13	00

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b)
14	2002	\$	\$	\$
15	2003	\$	\$	\$
16	2004	\$	\$	\$
17	2005	\$	\$	\$
18	2006	\$	\$	\$
19	TOTAL AVAILABLE CARRYOVER			\$

Part VI Calculation of Available Credit for Current Year

20	Current year's credit: Enter the amount from Part II, line 7	20	975	00
	<ul style="list-style-type: none"> Individual shareholders of an S corporation, enter the amount from Part III, line 10. Individual partners of a partnership, enter the amount from Part IV, line 13. 			
21	Available credit carryover from Part V, line 19, column (d)	21		00
22	Total Available Credit: Individuals, add line 20 and line 21. Enter total here and also on Form 301, Part I, line 9	22	975	00

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

All healthy forest credit forms must be attached to your return.

ALL BUSINESSES MUST BE CERTIFIED BY THE DEPARTMENT OF COMMERCE AND SUBMIT A COPY OF THE CERTIFICATION TO THE DEPARTMENT OF REVENUE FOR APPROVAL BEFORE USING THE CERTIFICATION FOR THE PURPOSE OF ANY TAX INCENTIVE.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165

RAYMOND Getstoomuch

Social Security number or Employer identification number

400-00-7506

Check one box to indicate the year this form represents for claiming the credit:

☐ First Year ☐ Second Year ☐ Third Year ☐ Fourth Year ☐ Fifth Year ☐ Sixth Year or more

Part I Business Information

1 Name of Healthy Forest Enterprise

1. ORWELLIAN TERMINOLOGY

2 Employer identification number

2. 12383483

Part II Average Number of Full-Time Employees

3 Average number of full-time employees in the Healthy Forest Enterprise during the current taxable year	3	2.00
4 Average number of full-time employees in the Healthy Forest Enterprise during the immediately preceding taxable year	4	1.00
5 Net increase in average number of full-time employees - subtract line 4 from line 3	5	1

Part III Net Increase in Qualified Employment Positions

6 Total number of filled, qualified employment positions created in the current year	6	2
The business must create at least three new qualified employment positions in the first taxable year in which the credit is claimed.		
7 Net increase in average number of full-time employees - enter the number from Part II, line 5	7	1
8 Net increase in qualified employment positions for this Healthy Forest Enterprise - enter the lesser of line 6 or line 7 . . .	8	1

Part IV Limitation on Number of Qualified Employment Positions

9 Maximum number of filled, qualified employment positions on which a credit may be calculated	9	200
10 Maximum number of new qualified employment positions on which you may claim the credit - enter the lesser of line 8 or line 9	10	1

Part V Credit Calculation for Qualified Employment Positions

	(a) Number of qualifying employees	(b) Qualifying wages	(c) Percentage	(d) Allowable credit
11 Qualified new employees	1	1,600	25%	400
12 Previously qualified employees in the second year of continuous employment	1	1,500	33 1/3%	500
13 Previously qualified employees in the third year of continuous employment			50%	
14 Totals	2			900

Part VI

Recapture of Credit

ORWELLIAN TERMINOLOGY

15	Taxable year in which the certification of the business as a Healthy Forest Enterprise was revoked or terminated	15	
16	First taxable year in which the Credit for Healthy Forest Enterprises was allowed	16	
17	Number of years between when the credit was first allowed and when the certification was revoked or terminated	17	
18	Enter percent based on the number of years entered on line 17 - see instructions	18	%
19	Full amount of all credits previously allowed	19	00
20	Total recapture of Credit for Healthy Forest Enterprises. Multiply line 19 by the percentage on line 18	20	00

Part VII

S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

21

The S Corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)

☐

Claim the credit for healthy forest enterprises, as shown on Part V, line 14, column (d) (for the taxable year mentioned above);

OR

☐

Pass the credit for healthy forest enterprises, as shown on Part V, line 14, column (d) (for the taxable year shown above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 22 through 24 separately for each shareholder.
If passing credit recapture through to the shareholders, also complete line 25 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 332.

22

Name of shareholder _____

23

Shareholder's TIN _____

24

Shareholder's share of the credit year's credit from Part V, line 14, column (d)

24

00

25

Shareholder's share of the credit recapture from Part VI, line 20

25

00

Part VIII

Partner's Share of Credit and Credit Recapture

Complete lines 26 through 28 separately for each partner.
If passing credit recapture through to the partners, also complete line 29 separately for each partner.
Furnish each partner with a copy of the completed Form 332.

26

Name of partner _____

27

Partner's TIN _____

28

Partner's share of the current year's credit from Part V, line 14, column (d)

28

00

29

Partner's share of the credit recapture from Part VI, line 20

29

00

Part IX Credit Recapture Summary

30 Enter the taxable year(s) in which you took a credit or credit carryover for the disqualified Healthy Forest Enterprise _____

31 Enter the total amount of credit originally allowable for the disqualified Healthy Forest Enterprise	31		00
32 Enter the total amount of the credit to be recaptured			
• Individuals, corporations, and S corporations - enter the amount from Part VI, line 20.			
• S corporation shareholders - enter the amount from Part VII, line 25.			
• Partners of a partnership - enter the amount from Part VIII, line 29	32		00
33 Subtract line 32 from line 31 and enter the result. This is the amount of credit allowable for the disqualified Healthy Forest Enterprise	33		00
34 Amount of credit on line 31 that you have claimed on prior years' returns	34		00
35 Subtract line 34 from line 33 and enter the result	35		00

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part X, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part X, column d, on the line for the year in which the disqualified credit arose.

- Corporations, also enter this amount as a positive number on Form 300, Part II, line 21.
- Individuals, also enter this amount as a positive number on Form 301, Part II, line 29.

Part X Available Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available credit carryover - subtract column (c) from column (b)
36				
37				
38				
39				
40				
41	Total available carryover			

Part XI Total Available Credit

42 Current year's credit. Individuals, corporations, or S corporations that are claiming the credit - enter amount from Part V, line 14, column (d). S corporation shareholders - enter the amount from Part VII, line 24.

Partners of a partnership - enter amount from Part VIII, line 28	42	900	00
43 Available credit carryover from Part X, line 41, column (d)	43		00
44 Total available credit. Add line 42 and line 43. Corporations and S corporations - enter the result here and on Form 300, Part I, line 12. Individuals - enter total here and on Form 301, Part I, line 18	44	900	00

Name: RAYMOND GetstoomuchTIN: 400-00-7506**Form 332-1 (2007) Qualified Employees of Healthy Forest Enterprise**

Complete a Form 332-1 for each qualified employee of the Healthy Forest Enterprise. See instructions for Form 332-1 (included with Instructions for Form 332, page 3) about providing the requested information in an alternative format.

1 Employee name MARGARET THATCHER2 Employee's taxpayer identification number (TIN) 189-81-19893 Did employee reside in Arizona on date of hire? ☒ Yes ☐ No

4 Brief description of employee's job duties: _____

CUTS DOWN TREES5 Date of initial employment 02-02-2005

6 If employee was previously employed by the business, list the last date of employment. (See instructions.)

7a Is the employee in a permanent full time position? ☒ Yes ☐ No7b If the answer to line 7a is yes, list the number of hours the employee worked during the taxable year 500

7c If the answer to line 7b is less than 1550 hours annually, explain: _____

8 Employee's annual compensation for the taxable year \$ 1,500

9a Total cost of health insurance provided by employer for employee. (See instructions.) \$ _____

9b Total cost of health insurance for employee paid by employer. (See instructions.) \$ _____

10 Is this employee in a new qualified employment position? ☐ Yes ☒ No11 Check only one box. ☐ first year employee ☒ second year employee ☐ third year employee

Name: RAYMOND GetstoomuchTIN: 400-00-7506**Form 332-1 (2007) Qualified Employees of Healthy Forest Enterprise**

Complete a Form 332-1 for each qualified employee of the Healthy Forest Enterprise. See instructions for Form 332-1 (included with Instructions for Form 332, page 3) about providing the requested information in an alternative format.

1 Employee name JOHN THATCHER

2 Employee's taxpayer identification number (TIN) 189-98-7441

3 Did employee reside in Arizona on date of hire? ☒ Yes ☐ No

4 Brief description of employee's job duties: _____

WATCHES THE WATCHERS

5 Date of initial employment 02-02-2006

6 If employee was previously employed by the business, list the last date of employment. (See instructions.)

7a Is the employee in a permanent full time position? ☒ Yes ☐ No

7b If the answer to line 7a is yes, list the number of hours the employee worked during the taxable year 550

7c If the answer to line 7b is less than 1550 hours annually, explain: _____

8 Employee's annual compensation for the taxable year \$ 1,600

9a Total cost of health insurance provided by employer for employee. (See instructions.) \$ _____

9b Total cost of health insurance for employee paid by employer. (See instructions.) \$ _____

10 Is this employee in a new qualified employment position? ☒ Yes ☐ No

11 Check only one box. ☒ first year employee ☐ second year employee ☐ third year employee

Qualifying Employees for Which You are Taking a Credit

Name: RAYMOND Getstoomuch

TIN: 400-00-7506

If you have more than 10 qualified employees, complete additional schedules.

(a) Employee name	(b) Social Security Number	(c) Year of Employee Check the appropriate box. This employee is:			(d) Total Wages Paid to the Employee during the Current Tax Year	(e) Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below		
		1st year employee (c)1	2nd year employee (c)2	3rd year employee (c)3		year 1 \$2,000 (e)1	year 2 \$3,000 (e)2	year 3 \$3,000 (e)3
1 MARGARET THATCHER	189-81-1989		X		1,500		1,500	
2 JOHN THATCHER	189-98-7441	X			1,600	1,600		
3								
4								
5								
6								
7								
8								
9								
10								
11 Total-Add lines 1 through 10. Enter the total here		1	1		3,100	1,600	1,500	

ARIZONA FORM**319****Credit for Solar Hot Water Heater Plumbing Stub Outs
and Electric Vehicle Recharge Outlets****2007**

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return.

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

RAYMOND Getstoomuch

Social security number or employer identification number

400-00-7506

The houses or dwelling units in which the qualifying installations are made by the builder/taxpayer must be located in Arizona. The credit is in lieu of a deduction
for the expenses of installing the solar hot water heater plumbing stub outs and electric vehicle recharge outlets for which the credit is claimed.

Part I Calculation of Current Taxable Year's Credit for Taxpayer that Built the House or Dwelling Unit

1	Total allowable credit - from attached Form(s) 319-1, column (h)	1	225	00
2	Total amount of credit transferred to purchasers or transferees - from attached Form(s) 319-2, column (c)	2	0	00
3	Current taxable year's credit - subtract line 2 from line 1	3	225	00

Part II Current Taxable Year's Credit for Purchaser or Transferee of the House or Dwelling Unit

4	Total allowable credit - from attached copy of written statement provided by the builder of house or dwelling unit . . .	4	500	00
---	--	---	-----	----

Part III S Corporation Credit Elections and Shareholder's Share of Credit

- 5 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3
(for the taxable year mentioned above);

OR

☐ Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3
(for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

- 6 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4
(for the taxable year mentioned above);

OR

☐ Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4
(for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 7 through 10 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 319.

7 Name of shareholder _____

8 Shareholder's TIN _____

9	Shareholder's share of the amount on Part I, line 3	9		00
---	---	---	--	----

10	Shareholder's share of the amount on Part II, line 4	10		00
----	--	----	--	----

Part IV Partner's Share of Credit

Complete lines 11 through 14 separately for each partner.
Furnish each partner with a copy of the completed Form 319.

11

Name of partner

12

Partner's TIN

13

Partner's share of the amount on Part I, line 3

13

00

14

Partner's share of the amount on Part II, line 4

14

00

Part V Available Credit Carryover for Taxpayer as Builder of House or Dwelling Unit

		(a)	(b)	(c)	(d)	(e)	(f)
15	Taxable year						
16	Original credit amount						
17	Amount previously used						
18	Tentative carryover - subtract line 17 from line 16						
19	Amount transferred - enter total amount from Form(s) 319-2, column (e)						
20	Available carryover - subtract line19 from line 18						
21	Total available carryover						

Part VI Available Credit Carryover for Taxpayer as Purchaser or Transferee of House or Dwelling Unit

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - Subtract column (c) from column (b)
22				
23				
24				
25				
26				
27	Total available carryover			

Part VII Total Available Credit

28

Current year's credit for taxpayer that built the house or dwelling unit. Individuals, corporations, or S corporations - enter the amount from Part I, line 3. S corporation shareholders - enter the amount from Part III, line 9. Partners of a partnership - enter the amount from Part IV, line 13

28

225

00

29

Current year's credit for purchaser or transferee of house or dwelling unit. Individuals, corporations, and S corporations - enter the amount from Part II, line 4. S corporation shareholders - enter the amount from Part III, line 10. Partners of a partnership - enter the amount from Part IV, line 14

29

500

00

30

Available credit carryover for taxpayer as builder of house or dwelling unit - enter amount from Part V, line 21, column (f)

30

00

31

Available credit carryover for taxpayer as purchaser or transferee of house or dwelling unit - enter amount from Part VI, line 27, column (d)

31

00

32

Total available credit - add lines 28, 29, 30, and 31. Enter the total here and on Form 300, Part I, line 8, or Form 301, Part I, line 11

32

725

00

**Solar Hot Water Heater Plumbing Stub Out and
Electric Vehicle Recharge Outlet Installations**
Name: **RAYMOND Getstoomuch**TIN: **400-00-7506****D-1 (08/27/07)**

If the taxpayer has made qualifying installations in more than 12 houses or dwelling units, complete additional Form(s) 319-1.	(b) Number of Stub Outs Installed	(c) Allowable Cost - lesser of actual installation cost or \$75	(d) Total Allowable Stub Out Cost - multiply column (b) by column (c)	(e) Number of Recharge Outlets Installed	(f) Allowable Cost - lesser of actual installation cost or \$75	(g) Total Allowable Recharge Outlet Cost - multiply column (e) by column (f)	(h) Total Allowable Credit for House or Dwelling Unit - add columns (d) and (g)
(a) House or Dwelling Unit Address							
1 56 VIRGINIA AVENUE TUCSON, AZ 85702	1	75	75	2	75	150	225
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13 Total - Add lines 1 through 12. Enter the total here.	1	75	75	2	75	150	225

325

For the calendar year 2007 or
fiscal year beginning _____ and ending _____

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 RAYMOND Getstoomuch	Social security number or employer identification number 400-00-7506
---	--

Part I Schedule of Equipment and Calculation of Current Taxable Year's Credit

If additional space is needed, attach a separate schedule.

	(a) Date property placed in service	(b) Description	(c) Total cost of property used to reduce agricultural pollution
1	02-02-2005	SCRUBBERS FOR A FACTORY	2,500
2			00
3			00
4			00
5			00
6			00
7			00
8			00
9			00
10			00

11	Total - add lines 1 through 10 in column (c)	11	2,500	00
12	Total from continuation sheet if applicable	12		00
13	Total cost of agricultural pollution control equipment - add lines 11 and 12	13	2,500	00
14	Tentative credit for current taxable year - multiply line 13 by 25% (.25)	14	625	00
15	Maximum credit allowed	15	25,000	00
16	Credit for current taxable year - enter the lesser of line 14 or line 15	16	625	00

A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortization of costs of the agricultural pollution control equipment by the amount of the credit claimed.

Part II S Corporation Credit Election and Shareholder's Share of Credit

17 The S corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)

☐ Claim the agricultural pollution control equipment credit as shown on Part I, line 16 (for the taxable year mentioned above);

OR

☐ Pass the agricultural pollution control equipment credit as shown on Part I, line 16 (for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date _____

If passing the credit through to the shareholders, complete lines 18 through 20 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 325.

18	Name of shareholder			
19	Shareholder's TIN			
20	Shareholder's share of the amount on Part I, line 16	20		00

Part III Partner's Share of Credit

Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 325.

21 Name of partner _____

22 Partner's TIN _____

23 Partner's share of amount on Part I, line 16 23 00

Part IV Available Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - Subtract column (c) from column (b)
24				
25				
26				
27				
28				
29	Total available carryover			

Part V Total Available Credit

30 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16.

S corporation shareholders - enter the amount from Part II, line 20.

Partners of a partnership - enter amount from Part III, line 23 30 625 00

31 Available credit carryover - from Part IV, line 29, column (d) 31 00

32 Total available credit. Add line 30 and line 31. Corporations and S corporations - enter total here and on Form 300,
Part I, line 10. Individuals - enter total here and on Form 301, Part I, line 16 32 625 00

00 - 561332 - 07576 - 8

ARIZONA FORM**AZ-8879****Arizona Department of Revenue
E-file Signature Authorization****2007**

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

RAYMOND**Getstoomuch****400-00-7506**

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	510,675	00
2	Balance Of Tax	2	10,772	00
3	Arizona Income Tax Withheld	3	400	00

Check box 4 or box 5:4 ☐ **REFUND.** Enter the amount of refund5 ☒ **AMOUNT YOU OWE.** Enter the amount owed

4 00

5 10,761 00

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

☐ Checking ☒ Savings

ROUTING NUMBER

0 2 1 2 3 4 5 6 7

ACCOUNT NUMBER

1 2 3 1 2 3 1 2 3

DIRECT DEBIT REQUEST DATE

0 4 1 5 2 0 0 8

DIRECT DEBIT PAYMENT AMOUNT

\$ 1 0 7 6 1 .00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the ref.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize **CHUCK GRISE** to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, c and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	
		DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
RAYMOND	400-00-7506
Getstoomuch	

Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancestor 2			
Parent/Ancestor 3			
Parent/Ancestor 4			

Other Additions Listing

Description	Amount
A. Pension Adjustments	
B. Married Persons Filing Separate Returns	
C. Partnership Income	
D. Fiduciary Adjustment	
E. Net Operating Losses	
F. Items Previously Deducted for Arizona Purposes	
G. Claim of Right Adjustment for Amounts Repaid in 2007	600
H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	175
I. Addition to S Corporation Income Due to Credits Claimed	
J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K. Wage Expense for Employers of TANF Recipients	
L. Motion Picture Production Expenses	
M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N. Depreciation or Amortization for a Water Conservation System	
O. Agricultural Water Conservation System Credit	
P. Other Adjustments (see instructions)	
Total Other Additions	775

Other Subtractions Listing

Description	Amount
A. Previously Reported Gain on Decedent's Installment Sale	
B. Fiduciary Adjustment	
C. Partnership Income	5,000
D. Federally Taxable Arizona Municipal Interest	
E. Adoption Expenses	
F. Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H. Certain Expenses Not Allowed for Federal Purposes	
I. Qualified State Tuition Program Distributions	
J. Subtraction for World War II Victims	
K. Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L. Agricultural Crops Given to Arizona Charities	
M. Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N. Adjustment for IRC § 179 Expense Not Allowed	5,000
O. Displaced Pupil Choice Grant Awards	
P. Other Adjustments (see instructions) See Schedule 2	550
Total Other Subtractions	10,550

**Test 7507
Form 140**

ARIZONA

SSN: 400-00-7507

Description: Resident, Married Filing Separately, over 65, 1 Dependent, Direct Debit

Arizona Information:

Forms used: Form 140, Schedule A, Schedule I, Forms 202, 301, 305, 310, 321, 322, and AZ-8453

Other:

Clean Election Deduction = 5

AZ Estimated Tax Payments = 100

Supports AND CARES FOR parent

Pima County pension exclusion = 2500

Wages of American Indians = 1500

Form 305 recapture = 400

Routing Number: 022173454

Savings Acct #: 311221698

Income Information:

Total

Wages from two W-2 Forms	115,000
Dividends (qualified)	1,450
Schedule C (net income)	3,500
Schedule D (Long-term capital gains)	515
Pension Income (from 1 1099-R)	15,000
Social Security 15,000	Taxable: 12,750
Schedule SE (self employment tax deduction)	248
Federal AGI	147,967

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	800
State/Local Taxes (W2 + Estimated)	1,205
Real Estate Taxes	1,975
Personal Property Taxes	500
Home Mortgage Interest	9,300
Contributions	2,500
Tax Preparation Fees	100
Investment Expense	1,200

YOUR FIRST NAME AND INITIAL 1 Tree O		LAST NAME THREE		YOUR SOCIAL SECURITY NO. (required) 400-00-7507	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required) 400-00-7777	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 121 TORCH ST		DAYTIME PHONE (with area code) 928-555-1020		89 <input checked="" type="checkbox"/> X	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 FORT MOHAVE, AZ 86426		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	

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4 <input type="checkbox"/> Married filing joint return
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent
6 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here JULIA THREE
7 <input type="checkbox"/> Single

8 01 Age 65 or over (you and/or spouse)
9 00 Blind (you and/or spouse)
10 00 Dependents. From page 2, line A2 - do not include self or spouse.
11 01 Qualifying parents and ancestors of your parents. From page 2, line A5.

FOR DOR USE ONLY

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income	12	147,967	00
13 Additions to income (from page 2, line B13)	13		00
14 Add lines 12 and 13	14	147,967	00
15 Subtractions. No. from line C27a: 151	15	101,208	00
16 Arizona AGI. Line 14 minus line 15	16	46,759	00
17 17 <input checked="" type="checkbox"/> ITEMIZED 17 <input type="checkbox"/> STANDARD	17	14,485	00
18 Personal exemptions	18	4,000	00
19 AZ taxable inc. Line 16 minus lines 17 & 18	19	28,274	00
20 Compute tax. Use line 19 & proper tax table	20	801	00
21 Tax from recapture of credits	21	400	00
22 Subtotal of tax. Add lines 20 and 21	22	1,201	00
23-24 23 <input checked="" type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE	24	5	00
25 Reduced tax. Subtract line 24 from line 22	25	1,196	00
26 Family income tax credit from p. 15 of instr	26		00

27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required	27	663	00
28 Credit type. Enter form number of each credit claimed: 28 3105 3110 321 322			
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29		00
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25: enter zero	30	533	00
31 Arizona income tax withheld during 2007	31		00
32 Arizona estimated tax payments for 2007	32	100	00
33 Amount paid with 2007 Arizona extension request (Form 204)	33		00
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions	34		00
35 Property Tax Credit from Form 140PTC	35		00
36 Total payments/refundable credits: Add lines 31 through 35	36	100	00
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37	433	00
38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38		00
39 Amount of line 38 to be applied to 2008 estimated tax	39		00
40 Balance of overpayment. Subtract line 39 from line 38	40		00

41 - 50 Voluntary Gifts to:									
AID TO EDUCATION (entire refund only)	41		00	ARIZONA WILDLIFE	42		00		
CITIZENS CLEAN ELECTION	43		00	CHILD ABUSE PREVENTION	44		00		
DOMESTIC VIOLENCE SHELTER	45		00	NATIONAL GUARD RELIEF FUND	46		00		
NEIGHBORS HELPING	47		00	SPECIAL OLYMPICS	48		00		
VETERANS' DONATIONS FUND	49		00	POLITICAL GIFT	50		00		

51 Check only one if making a political gift: 51 <input type="checkbox"/> Democratic 51 <input type="checkbox"/> Libertarian 51 <input type="checkbox"/> Republican			
52 Estimated payment penalty and MSA withdrawal penalty	52		00
53 Check applicable boxes: 53 <input type="checkbox"/> Annualized/Other 53 <input type="checkbox"/> Farmer or Fisherman 53 <input type="checkbox"/> Form 221 attached 53 <input type="checkbox"/> MSA Penalty			
54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52	54		00
55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	55		00
Direct Deposit or Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings			
98			
56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. <input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.	56	433	00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. **Also complete Part C below** TOTAL

A2

0

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
WENDY THREE	400-55-7599	PARENT	12

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

1

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13		00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14	2,100	00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16		00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	10,000	00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	12,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20	2,500	00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22	12,750	00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24	1,500	00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 11 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule. See Schedule 1	C29	72,358	00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	101,208	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-09-2007

INVESTMENT SPECIALIST

DATE

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

John Smith

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

P24680000

10-09-2007

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140 Tree O		YOUR SOCIAL SECURITY NUMBER 400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140 (if a joint return) THREE		SPOUSE'S SOCIAL SECURITY NUMBER 400-00-7777

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	800	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3		00
4	Add line 2 and line 3, and enter the result	4		00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	800	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit	7		00
---	--	---	--	----

Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8		00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10		00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	0	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
----	---	----	--	----

Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14	400	00
----	--	----	-----	----

Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
----	--	----	--	----

Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	800	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17	400	00
18	Total federal itemized deductions allowed to be taken on federal return	18	14,085	00
19	Enter the amount from line 16 above	19	800	00
20	Add lines 18 and 19	20	14,885	00
21	Enter the amount from line 17 above	21	400	00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17	22	14,485	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

SCHEDULES A&B
(Form 1040)**Schedule A - Itemized Deductions**

OMB No. 1545-0074

2007Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Tree O THREE**400-00-7507**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	800		
2	Enter amount from Form 1040, line 38 2 147,967				
3	Multiply line 2 by 7.5% (.075)	3	11,098		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5 State and local (check only one box):			
a <input type="checkbox"/> Income taxes, or		5	1,205		
b <input checked="" type="checkbox"/> General sales Taxes					
6	Real estate taxes (see page A-5)	6	1,975		
7	Personal property taxes	7	500		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			3,680
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	9,300
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	9,300
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	2,500
(If you made a gift and got a benefit for it, see page A-7.)		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	2,500
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶		21	
(See page A-9.)		22 Tax preparation fees		22	100
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	1,200
		INVESTMENT EXPENSE 1,200		24	1,300
		24 Add lines 21 through 23		24	1,300
		25 Enter amount from Form 1040, line 38 25 147,967		25	
		26 Multiply line 25 by 2% (.02)		26	2,959
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0
Other Miscellaneous Deductions		28 Other - from list on page A-9. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	SEE A_WKS
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶ ▶			14,085
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter. ▶			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>					

301

For the calendar year 2007, or
fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

Tree O THREE

YOUR SOCIAL SECURITY NUMBER

400-00-7507

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

SPOUSE'S SOCIAL SECURITY NUMBER

400-00-7777

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3	25	00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	7a		00
7b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	7b		00
7c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	7c		00
7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	7d		00
8	Credit for Solar Energy Devices from Form 310	8	100	00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Pollution Control Credit from Form 315	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12	Credit for Employment of TANF Recipients from Form 320	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13	250	00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14	288	00
15	Credit for Contributions to School Tuition Organizations from Form 323	15		00
16	Agricultural Pollution Control Equipment Credit from Form 325	16		00
17	Credit for Donation of School Site from Form 331	17		00
18	Credit for Healthy Forest Enterprises from Form 332	18		00
19	Credit for Employing National Guard Members from Form 333	19		00
20	Credit for Motion Picture Production Costs from Form 334	20		00
21	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	21		00
22	Credit for Investment in Qualified Small Businesses from Form 338	22		00
23	Credit for Water Conservation Systems from Form 339	23		00
24	Total Available Tax Credits: Add lines 1 through 23	24	663	00

Continued on page 2 ►

Tree O THREE

400-00-7507

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	25	801	00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	796	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part V, line 23	28	400	00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part IX, line 35	29		00
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	30	400	00
31	Subtotal: Add lines 27 and 30	31	1,196	00
32	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	32		00
33	Subtract line 32 from line 31	33	1,196	00

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

34	Defense Contracting Credit from Form 302	34		00
35	Enterprise Zone Credit from Form 304	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 31)	36	25	00
37	Military Reuse Zone Credit from Form 306	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 31 or \$5,000)	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	40d		00
41	Credit for Solar Energy Devices from Form 310	41	100	00
42	Agricultural Water Conservation System Credit from Form 312	42		00
43	Pollution Control Credit from Form 315	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	44		00
45	Credit for Employment of TANF Recipients from Form 320	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	46	250	00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	47	288	00
48	Credit for Contributions to School Tuition Organizations from Form 323	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325	49		00
50	Credit for Donation of School Site from Form 331	50		00
51	Credit for Healthy Forest Enterprises from Form 332	51		00
52	Credit for Employing National Guard Members from Form 333	52		00
53	Credit for Motion Picture Production Costs from Form 334	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line 33. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	663	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

Environmental Technology Facility Credit

2007

fiscal year beginning	For the calendar year 2007 or and ending
-----------------------	---

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 Tree O THREE	Social security number or employer ID number 400-00-7507
--	--

Arizona Department of Commerce certification number: 02022006

Part I Schedule of Cost of Equipment or Property Used in Construction of Facility for Current Year and Calculation of Current Year's Credit

1	Date of facility's initial construction	1	06-15-2000
---	---	---	------------

[illegible]

2	Total	2	250	00
---	-----------------	---	-----	----

3	Current year's credit - multiply line 2, column (b), by 10 percent (.10)	3	25	00
---	--	---	----	----

Part II Recapture of Environmental Technology Facility Credit

4	Date facility was placed in service	4	10-14-2007
---	---	---	------------

5	Date facility ceased to operate as an environmental manufacturing, producing or processing facility	5	
----------	---	----------	--

6	Enter total credit actually claimed for the total facility	6	1,000	00
----------	--	----------	-------	----

7	Enter percent based on the year facility ceased to operate as an environmental manufacturing, producing or processing facility	7	40.00	%
---	--	---	-------	---

8	Total environmental technology facility credit recapture. Multiply line 6 by line 7	8	400	00
---	---	---	-----	----

Part III S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

- 9 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year shown above);

OR

☐ Pass the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year mentioned above) through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholders, complete lines 10 through 12 separately for each shareholder.

If passing a credit recapture through to the shareholders, also complete line 13 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 305.

10 Name of shareholder _____

11 Shareholder's TIN _____

12 Shareholder's share of the current year's credit from Part I, line 3, column (b) 12 00

13 Shareholder's share of credit recapture from Part II, line 8 13 00

Part IV Partner's Share of Credit and Credit Recapture

Complete lines 14 through 16 separately for each partner.

If passing credit recapture through to the partners, also complete line 17 separately for each partner.

Furnish each partner with a copy of the completed Form 305.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the current year's credit from Part I, line 3, column (b) 16 00

17 Partner's share of credit recapture from Part II, line 8 17 00

Part V Credit Recapture Summary

- 18 Enter the taxable year(s) in which you took a credit or credit carryover for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility 04

19	Enter the total amount of credit originally claimed for the facility	19	1,000	00
20	Enter the total amount of the credit to be recaptured			
	<ul style="list-style-type: none"> Individuals, corporations, and S corporations - enter the amount from Part II, line 8. S corporation shareholders - enter the amount from Part III, line 13. Partners of a partnership - enter the amount from Part IV, line 17 	20	400	00
21	Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility	21	600	00
22	Amount of credit on line 19 that you have claimed on prior years' returns	22	1,000	00
23	Subtract line 22 from line 21 and enter the result	23	(400)	00

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part VI, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part VI, column d, on the line for the year in which the disqualified credit arose.

- Corporations, also enter this amount as a positive number on Form 300, Part II, line 20.
- Individuals, also enter this amount as a positive number on Form 301, Part II, line 28.

Part VI Available Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - subtract column (c) from column (b)
24	2004	1,000	1,000	
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39	Total available carryover			

Part VII Total Available Credit

40 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3, column (b).

S corporation shareholders - enter amount from Part III, line 12.

Partners of a partnership - enter amount from Part IV, line 16

40	25	00
----	----	----

41 Available credit carryover - from Part VI, line 39, column (d)

41		00
----	--	----

42 Total available credit. Add line 40 and line 41. Corporations and S corporations - enter total here and on Form 300,

Part I, line 3. Individuals - enter total here and on Form 301, Part I, line 3

42	25	00
----	----	----

ARIZONA FORM

Credit for Solar Energy Devices

2007

310

For the calendar year 2007, or

fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY OR 140X

Tree O THREE

YOUR SOCIAL SECURITY NO.

400-00-7507

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY OR 140X

SPOUSE'S SOCIAL SECURITY NO.

400-00-7777

Part I Current Year's Credit

NOTE: The cumulative credit for all solar energy devices installed at the same residences cannot exceed \$1,000.

- 1 Address of residence where you installed the solar energy device for which you are claiming the credit: 54 PALMER ROAD PHOENIX, AZ 85041

- 2 Cost of the solar energy device installed during the current taxable year at the residence listed

on line 1

2	1,200	00
---	-------	----

- 3 Multiply the amount on line 2 by 25% (.25)

3	300	00
---	-----	----

- 4 Enter the smaller of line 3 or \$1,000

4	300	00
---	-----	----

- 5 Enter the amount of credit from prior taxable years (1995 through 2006) for other solar energy devices installed at the residence listed on line 1

5	1,000	00
---	-------	----

- 6 Add line 4 and line 5

6	1,300	00
---	-------	----

- 7 Enter the smaller of line 6 or \$1,000

7	1,000	00
---	-------	----

- 8 Subtract line 5 from line 7

8		00
---	--	----

- 9 Current year's credit: Enter the smaller of line 4 or line 8. If you are married filing a separate return, enter one-half (1/2) of the smaller of line 4 or line 8

9		00
---	--	----

Part II Carryover from Prior Taxable Years

	(a) Taxable Year from which you are carrying the credit	(b) Enter the Original Credit Amount (See note below line 15.)	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
10	2002	\$ 800	\$ 800	\$
11	2003	\$ 200	\$ 100	\$ 100
12	2004	\$	\$	\$
13	2005	\$	\$	\$
14	2006	\$	\$	\$
15	TOTAL AVAILABLE CARRYOVER			\$ 100

NOTE: For amounts entered in column (b), do not enter the cost of the device, enter the original credit amount. This amount cannot exceed \$1,000.

Part III Calculation of Available Credit for the Current Year

- 16 Current year's credit: Enter the amount from Part I, line 9
- 17 Enter the amount of available carryover from Part II, line 15
- 18 Total Available Credit: Add line 16 and line 17, and enter the total here. See page 2 of the instructions

16		00
17	100	00
18	100	00

ARIZONA FORM

321

Credit for Contributions to Charities That Provide Assistance to the Working Poor

2007

For the calendar year 2007, or fiscal year beginning _____ and ending _____
--

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X Tree O THREE	YOUR SOCIAL SECURITY NO. 400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	SPOUSE'S SOCIAL SECURITY NO. 400-00-7777

Part I Current Year's Credit

1a Name of qualifying charity to which you made cash contributions:

Outreach ServicesAmount of cash contributed to organization named on line 1a **1a** 100 00

1b Name of qualifying charity to which you made cash contributions:

Amount of cash contributed to organization named on line 1b **1b** _____ 00

NOTE: If you made cash contributions to more than two qualifying charities, attach a separate schedule.

1c Total: Add lines 1a and 1b. Also, add any amount included on a separate schedule	1c	<u>100</u>	00
2 Potential credit: Single taxpayers or heads of household, enter the lesser of line 1c or \$200. Married taxpayers, enter the lesser of line 1c or \$400	2	<u>100</u>	00
3 Total contributions allowable as an itemized deduction for 2007	3	<u>2,500</u>	00
4 Baseline year: <u>2004</u>			
5 Total contributions deducted as an itemized deduction on your Arizona return for the baseline year listed on line 4	5		00
6 Subtract line 5 from line 3. If line 5 is greater than line 3, no credit is available	6	<u>2,500</u>	00
7 Current year's credit: Enter the lesser of line 2 or line 6. If you are married filing a separate return, enter on-half (1/2) of the smaller of line 2 or line 6	7	<u>50</u>	00

Part II Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
8	2002	\$	\$	\$
9	2003	\$	\$	\$
10	2004	\$	\$	\$
11	2005	\$	\$	\$
12	2006	\$ 550	\$ 350	\$ 200
13	TOTAL AVAILABLE CARRYOVER			\$ 200

Part III Total Available Credit

14 Current year's credit: Enter the amount from Part I, line 7	14	<u>50</u>	00
15 Enter the amount of available carryover from Part II, line 13, column (d)	15	<u>200</u>	00
16 Total Available Credit: Add line 14 and line 15, and enter the total here. See page 2 of the instructions	16	<u>250</u>	00

ARIZONA FORM

Credit for Contributions Made or Fees Paid to Public Schools

2007

322

For the calendar year 2007, or fiscal year beginning _____ and ending _____
--

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X Tree O THREE	YOUR SOCIAL SECURITY NO. 400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	SPOUSE'S SOCIAL SECURITY NO. 400-00-7777

Current Year's Credit

1a Contributions Made or Qualifying Fees Paid to:

School district in which school is located: SCHOOL DISTRICT 1
 Name of public school located in Arizona: PUBLIC SCHOOL ONE
 Address of school: 56 NEW MEXICO WAY
PHOENIX, AZ 85064

Amount of contributions made or fees paid to school named on line 1a 1a 100 00

1b Contributions Made or Qualifying Fees Paid to:

School district in which school is located: School District 2
 Name of public school located in Arizona: Public School Two
 Address of school: 99 Las Vegas Highway
Phoenix, AZ 85061

Amount of contributions made or fees paid to school named on line 1b 1b 25 00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c Total contributions made and fees paid to public schools in Arizona during 2007	1c	<u>125</u>	00
2 Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$400 here.	2	<u>400</u>	00
3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2	3	<u>63</u>	00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract col. (c) from col. (b).
4	2002	\$ <u>250</u>	\$ <u>25</u>	\$ <u>225</u>
5	2003	\$	\$	\$
6	2004	\$	\$	\$
7	2005	\$	\$	\$
8	2006	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER			\$ <u>225</u>

Total Available Credit

10 Current year's credit: Enter the amount from line 3	10	<u>63</u>	00
11 Available credit carryover from line 9, column (d)	11	<u>225</u>	00
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions	12	<u>288</u>	00

Personal Exemption Allocation Election

2007

202

For calendar year 2007, or fiscal year beginning _____ and ending _____.

- The spouse claiming more than one-half (1/2) of the total personal exemption must attach the **original** election to his or her Arizona income tax return.
- The spouse claiming less than one-half (1/2) of the total personal exemption must attach a **copy** of the election to his or her Arizona income tax return.

NAME OF SPOUSE CLAIMING MORE THAN ONE-HALF (1/2) OF THE TOTAL EXEMPTION	SOCIAL SECURITY NUMBER
Tree O THREE	400-00-7507
NAME OF SPOUSE CLAIMING LESS THAN ONE-HALF (1/2) OF THE TOTAL EXEMPTION	SOCIAL SECURITY NUMBER
JULIA THREE	400-00-7777

We, the undersigned, agree to divide the personal exemption as shown below. (Both spouses must sign and date this form on page 2.)

Who must file Form 202

The following taxpayers must complete Form 202:

1. Married taxpayers filing separate returns, claiming no dependents, with one spouse claiming a personal exemption of more than \$2,100 of the \$4,200 exemption. Complete Part I or Part II.
2. Married taxpayers filing separate returns, claiming at least one dependent, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.
3. A married person who qualifies to file as head of household, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.

Once you make this election for a tax year, you cannot change the agreed upon amounts for that year without making another election.

You must complete a new Form 202 and file an amended Arizona income tax return (Form 140X) to change an election.

- ☒ Original Election
☐ Amended Election

If one spouse is a full-year resident and the other spouse is a part-year resident or nonresident, the full-year resident should complete the appropriate column in Part I or Part III, and the part-year resident or nonresident should complete the appropriate column in Part II or Part IV.

Part I For Full-Year Residents Only (Form 140 or 140A) Claiming No Dependents

	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1 Total personal exemption allowed married taxpayers claiming no dependents 1	\$ 4,200.00	\$ 4,200.00
2 Amount of personal exemption each spouse is claiming on his or her separate Arizona return. Enter the result here. Also enter the result on Form 140, page 1, line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or part-year resident, that spouse should complete Part II below 2	\$.00	\$.00

Part II For Part-Year Residents (Form 140PY) or Nonresidents (Form 140NR) Claiming No Dependents

	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1 Total personal exemption allowed (prior to prorating) married taxpayers claiming no dependents 1	\$ 4,200.00	\$ 4,200.00
2 Amount of personal exemption each spouse is claiming (prior to prorating) on his or her separate Arizona return. If you are a part-year resident who is an active duty military member who either began or gave up Arizona residency during 2007, skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are a nonresident who is an active military member, skip lines 3 and 4, and enter this amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4 2	\$.00	\$.00
3 If you are a part-year resident, enter your Arizona percentage from Form 140PY, page 2, line B20. If you are a nonresident, enter your Arizona percentage from Form 140NR, page 2, line B16 3	%	%
4 Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the result here and on Form 140NR, page 1, line 21 4	\$.00	\$.00

NAME OF SPOUSE CLAIMING MORE THAN 1/2 THE TOTAL EXEMPTION AS SHOWN ON PAGE 1 Tree O THREE	SOCIAL SECURITY NO. 400-00-7507
NAME OF SPOUSE CLAIMING LESS THAN 1/2 THE TOTAL EXEMPTION AS SHOWN ON PAGE 1 JULIA THREE	SOCIAL SECURITY NO. 400-00-7777


Part III For Full-Year Residents Only (Form 140 or 140A)
Claiming at Least One Dependent


	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1 Total personal exemption allowed married taxpayers claiming at least one dependent 1	\$ 6,300.00	\$ 6,300.00
2 Amount of personal exemption each spouse is claiming on his or her separate Arizona return. Enter the result here. Also enter the result on Form 140, page 1, line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or part-year resident, that spouse should complete Part IV below 2	\$ 4,000.00	\$ 2,300.00

Part IV For Part-Year Residents (Form 140PY) or
Nonresidents (Form 140NR) Claiming at Least One Dependent

	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1 Total personal exemption allowed (prior to prorating) married taxpayers claiming at least one dependent 1	\$ 6,300.00	\$ 6,300.00
2 Amount of personal exemption each spouse is claiming (prior to prorating) on his or her separate Arizona return. If you are a part-year resident who is an active duty military member who either began or gave up Arizona residency during 2007, skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are a nonresident who is an active military member, skip lines 3 and 4, and enter this amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4 2	\$.00	\$.00
3 If you are a part-year resident, enter your Arizona percentage from Form 140PY, page 2, line B20. If you are a nonresident, enter your Arizona percentage from Form 140NR, page 2, line B16 3	%	%
4 Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the result here and on Form 140NR, page 1, line 21 4	\$.00	\$.00

Both spouses must sign:

 _____ 10-09-2007
 Signature of spouse claiming more than one-half (1/2) of total personal exemption Date

 _____ 10-09-2007
 Signature of spouse claiming less than one-half (1/2) of total personal exemption Date

00 - 561332 - 07507 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL Tree O	LAST NAME THREE	YOUR SOCIAL SECURITY NO. 400-00-7507
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	46,759	00
2	Balance Of Tax	2	533	00
3	Arizona Income Tax Withheld	3		00

Check box 4 or box 5:

4 ☐ **REFUND.** Enter the amount of refund 4 00

5 ☒ **AMOUNT YOU OWE.** Enter the amount owed 5 433 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT	ROUTING NUMBER
<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	1 2 3 4 5 6 7 8 0
ACCOUNT NUMBER	
5 5 5 1 2 1 2	
DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
0 4 1 5 2 0 0 8	\$ 4 3 3 .00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize John Smith to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	
		DATE

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
Tree O THREE	400-00-7507

Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancestor 2			
Parent/Ancestor 3			
Parent/Ancestor 4			

Other Additions Listing

Description	Amount
A. Pension Adjustments	
B. Married Persons Filing Separate Returns	
C. Partnership Income	
D. Fiduciary Adjustment	
E. Net Operating Losses	
F. Items Previously Deducted for Arizona Purposes	
G. Claim of Right Adjustment for Amounts Repaid in 2007	
H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I. Addition to S Corporation Income Due to Credits Claimed	
J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K. Wage Expense for Employers of TANF Recipients	
L. Motion Picture Production Expenses	
M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N. Depreciation or Amortization for a Water Conservation System	
O. Agricultural Water Conservation System Credit	
P. Other Adjustments (see instructions)	
Total Other Additions	

Other Subtractions Listing

Description	Amount
A. Previously Reported Gain on Decedent's Installment Sale	
B. Fiduciary Adjustment	
C. Partnership Income	
D. Federally Taxable Arizona Municipal Interest	
E. Adoption Expenses	
F. Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H. Certain Expenses Not Allowed for Federal Purposes	
I. Qualified State Tuition Program Distributions	
J. Subtraction for World War II Victims	
K. Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L. Agricultural Crops Given to Arizona Charities	
M. Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N. Adjustment for IRC § 179 Expense Not Allowed	
O. Displaced Pupil Choice Grant Awards	
P. Other Adjustments (see instructions) See Schedule 2	72,358
Total Other Subtractions	72,358

2007 Arizona Schedule 2

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
Tree O THREE	400-00-7507

Schedule 1 Subtractions, Line P: Community Property Adjustment

The taxpayer can provide additional details if neccessary.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 87-9000444			1 Wages, tips, other compensation 113,500		2 Federal income tax withheld 10,000
c Employer's name, address, and ZIP code PART TIME JOBS 7177 CACTUS LANE ALTAMONT UT 84001			3 Social security wages 92,700		4 Social security tax withheld 5,747
			5 Medicare wages and tips 113,500		6 Medicare tax withheld 1,646
			7 Social security tips		8 Allocated tips
d Employee's social security number 400-00-7507			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name Suff. TREE O THREE 121 TORCH ST FORT MOHAVE AZ 86426			11 Nonqualified plans		12a See instructions for box 12 Local
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Local
			14 Other		12c Local
					12d Local
f Employee's address and ZIP code					
15 State Employer's state ID no. AZ 87-9000444	16 State wages, tips, etc. 113,500	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by John Smith.



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code Pima County Retirement System 2920 Ocotillo Pkwy Tucson AZ 85701		1 Gross distribution \$ 15,000		OMB No. 1545-0119 2007 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 11-1222333		RECIPIENT'S identification number 400-00-7507		3 Capital gain (included in box 2a) \$		
RECIPIENT'S name Tree O THREE Street address (including apt. no.) 121 TORCH ST City, state, and ZIP code FORT MOHAVE AZ 86426		2a Taxable amount \$ 15,000		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
4 Federal income tax withheld \$		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution Code 7		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %		
9a Your percentage of total distribution %		9b Total employee contributions \$		10 State tax withheld \$		
11 State/Payer's state no. AZ 11-1222333		12 State distribution \$ 10,000		13 Local tax withheld \$		
14 Name of locality		15 Local distribution \$		16 Account number (see instructions)		

Form **1099-R**

Department of the Treasury - Internal Revenue Service

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.

**SCHEDULE A
WORKSHEET**

Itemized Deductions Worksheet-Line 28

2007

(Keep for your records)

Name(s) as shown on return

Your social security number

Tree O THREE

400-00-7507

1. Enter the total of the amounts from Schedule A, lines 4, 9, 14, 18, 19, 26, and 27 1. 15,480
2. Enter the total of the amounts from Schedule A, lines 4, 13, and 19, plus any gambling and casualty or theft losses included on line 27 2. _____

Caution! Be sure your total gambling and casualty or theft losses are clearly identified on the dotted lines next to line 27.

3. Is the amount on line 2 less than the amount on line 1?
☐ **No. STOP.** Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 28.
☒ **Yes.** Subtract line 2 from line 1 3. 15,480

4. Multiply line 3 by 80% (.80) 4. 12,384
5. Enter the amount from Form 1040, line 38 5. 147,967
6. Enter: \$156,400 (\$78,200 if married filing separately) 6. 78,200

7. Is the amount on line 6 less than the amount on line 5?
☐ **No. STOP.** Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 28.

- ☒ **Yes.** Subtract line 6 from line 5 7. 69,767
8. Multiply line 7 by 3% (.03) 8. 2,093

9. Enter the **smaller** of line 4 or line 8 9. 2,093

10. Divide line 9 by 3 10. 698

11. Subtract line 10 from line 9 11. 1,395

12. **Total itemized deductions.** Subtract line 11 from line 1. Enter the result here and on Schedule A, line 28 12. 14,085

**Community Property State Married Filing
Separate Allocation Worksheet**
(Keep for your records)

2007

Name(s) as shown on return

Your social security number

Tree O THREE

400-00-7507

	Total	Taxpayer	Spouse
1. Wages	<u>116,000</u>	<u>115,000</u>	<u>1,000</u>
2. Interest	<u>500</u>	<u></u>	<u>500</u>
3. Dividends	<u>1,850</u>	<u>1,450</u>	<u>400</u>
4. State income tax refund	<u></u>	<u></u>	<u></u>
5. Capital gains	<u>865</u>	<u>515</u>	<u>350</u>
6. Pension income	<u>16,000</u>	<u>15,000</u>	<u>1,000</u>
7. Total rents, royalties, partnership, estates, and trusts	<u></u>	<u></u>	<u></u>
8. Other income	<u>16,250</u>	<u>16,250</u>	<u></u>
9. Total income	<u>151,465</u>	<u>148,215</u>	<u>3,250</u>
10. Total payments	<u>11,100</u>	<u>11,000</u>	<u>100</u>



Description: Resident, MFJ, 1 blind, 1 deceased, 2 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140, Schedule A, Forms 131, 301, 302, 304, 305, 308-I, 315, 320, 331, 333, 334, 336, and AZ-8453

Other:

Clean Election Deduction = 10

Form 131: Claim refund for deceased taxpayer (primary)

Lump-sum distribution (Form 1099-R) = 3,800

Income Information:	Total
Wages from one W-2 Form	17,400
Interest (US Savings Bonds 1,500)	2,150
Dividends	3,730
Schedule C (Primary) (net income)	37,189
Schedule C (Spouse) (net income)	66,500
Pension (1099-R from the Railroad Retirement Board)	1,500
Schedule SE (self employment tax deduction)	2,628 + 4,698 = 7,326
Federal AGI	121,143

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	30,000
State/Local Taxes (W2 + Estimated)	5,000
Home Mortgage Interest	10,000
Contributions	400

YOUR FIRST NAME AND INITIAL 1 Manny		LAST NAME DECEASED, 101507 FOREMAN		YOUR SOCIAL SECURITY NO. (required) 400-00-7508	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 SOPHIA		LAST NAME HAPGOOD		SPOUSE'S SOCIAL SECURITY NO. (required) 400-00-9819	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 4664 COUSINS PL		DAYTIME PHONE (with area code) 928-555-1254		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 LAKE HAVASU CITY, AZ 86403		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	

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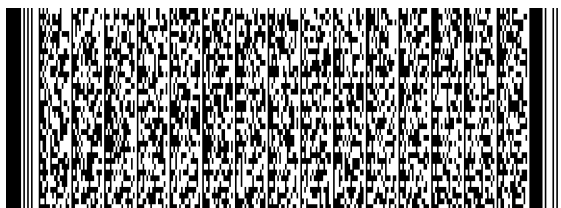
4 <input checked="" type="checkbox"/> Married filing joint return
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent ▶
6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here ▶
7 <input type="checkbox"/> Single

8 00 Age 65 or over (you and/or spouse)
9 01 Blind (you and/or spouse)
10 02 Dependents. From page 2, line A2 - do not include self or spouse.
11 00 Qualifying parents and ancestors of your parents. From page 2, line A5.

FOR DOR USE ONLY

88**81****80**

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income	12 121,143 00
13 Additions to income (from page 2, line B13) . .	13 3,800 00
14 Add lines 12 and 13	14 124,943 00
15 Subtractions. No. from line C27a: 15 1	15 7,600 00
16 Arizona AGI. Line 14 minus line 15	16 117,343 00
17 17 <input checked="" type="checkbox"/> ITEMIZED 17 <input type="checkbox"/> STANDARD . .	17 45,400 00
18 Personal exemptions	18 6,300 00
19 AZ taxable inc. Line 16 minus lines 17 & 18 . .	19 65,643 00
20 Compute tax. Use line 19 & proper tax table . .	20 1,908 00
21 Tax from recapture of credits	21 900 00
22 Subtotal of tax. Add lines 20 and 21	22 2,808 00
23-24 23 1 <input checked="" type="checkbox"/> YOURSELF 23 2 <input checked="" type="checkbox"/> SPOUSE	24 10 00
25 Reduced tax. Subtract line 24 from line 22 . .	25 2,798 00
26 Family income tax credit from p. 15 of instr . .	26 00

27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required	27 2,798 00
28 Credit type. Enter form number of each credit claimed: 28 302 304 305 315	
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29 00
30 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25, enter zero	30 0 00
31 Arizona income tax withheld during 2007	31 5,000 00
32 Arizona estimated tax payments for 2007	32 00
33 Amount paid with 2007 Arizona extension request (Form 204)	33 00
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions	34 00
35 Property Tax Credit from Form 140PTC	35 00
36 Total payments/refundable credits: Add lines 31 through 35	36 5,000 00
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37 00
38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38 5,000 00
39 Amount of line 38 to be applied to 2008 estimated tax	39 00
40 Balance of overpayment. Subtract line 39 from line 38	40 5,000 00

41-50 Voluntary Gifts to:	41 00 ARIZONA WILDLIFE 42 00
AID TO EDUCATION (entire refund only)	43 00 CHILD ABUSE PREVENTION 44 00
CITIZENS CLEAN ELECTION	45 00 NATIONAL GUARD. RELIEF FUND 46 00
DOMESTIC VIOLENCE SHELTER	47 00 SPECIAL OLYMPICS 48 00
NEIGHBORS HELPING.	49 00 POLITICAL GIFT 50 00
NEIGHBORS	
VETERANS' DONATIONS FUND	

51 Check only one if making a political gift: 1 <input type="checkbox"/> Democratic 2 <input type="checkbox"/> Libertarian 3 <input type="checkbox"/> Republican	
52 Estimated payment penalty and MSA withdrawal penalty	52 00
53 Check applicable boxes: 53 1 <input type="checkbox"/> Annualized/Other 53 2 <input type="checkbox"/> Farmer or Fisherman 53 3 <input type="checkbox"/> Form 221 attached 53 4 <input type="checkbox"/> MSA Penalty	
54 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52	54 00

55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56	55 5,000 00
Direct Deposit or Refund: See instructions. ROUTING NUMBER 021234567 ACCOUNT NUMBER 123123123 C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings	

56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.	56 00
<input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.	

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
JACK FOREMAN	189-19-8918	SON	12
SUE FOREMAN	289-49-8798	DAUGHTER	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. **Also complete Part C below** TOTAL

A2

2

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
---------------------	---------------------	--------------	--

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8	3,800	00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	3,800	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15	1,500	00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	4,600	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	6,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19	1,500	00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 11 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule	C29		00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	7,600	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31 _____

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

FILED AS SURVIVING SPOUSE

YOUR SIGNATURE

10-09-2007

DATE

STOCK BROKER

OCCUPATION

SPOUSE'S SIGNATURE

PAID PREPARER'S SIGNATURE

10-09-2007

DATE

SPY

SPOUSE'S OCCUPATION

John Smith

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

10-09-2007

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204.
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

ADOR 91-0011 (07) 1024

AZ Form 140 (2007)

Page 2 of 2

Attach to your return

YOUR NAME AS SHOWN ON FORM 140		YOUR SOCIAL SECURITY NUMBER	
Manny		400-00-7508	
SPOUSE'S NAME AS SHOWN ON FORM 140 (if a joint return)		SPOUSE'S SOCIAL SECURITY NUMBER	
SOPHIA		400-00-9819	

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	30,000	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3	20,914	00
4	Add line 2 and line 3, and enter the result	4	20,914	00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	9,086	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit	7		00
---	--	---	--	----

Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8		00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10		00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	0	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
----	---	----	--	----

Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
----	--	----	--	----

Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
----	--	----	--	----

Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	9,086	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17		00
18	Total federal itemized deductions allowed to be taken on federal return	18	36,314	00
19	Enter the amount from line 16 above	19	9,086	00
20	Add lines 18 and 19	20	45,400	00
21	Enter the amount from line 17 above	21		00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17	22	45,400	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

SCHEDULES A&B
(Form 1040)**Schedule A - Itemized Deductions**

OMB No. 1545-0074

2007Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Manny FOREMAN DECD & SOPHIA HAPGOOD**400-00-7508**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	30,000		
2	Enter amount from Form 1040, line 38 2 121,143				
3	Multiply line 2 by 7.5% (.075)	3	9,086		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	20,914		
Taxes You Paid		5 State and local (check only one box):			
a <input checked="" type="checkbox"/> Income taxes, or		5	5,000		
b <input type="checkbox"/> General sales Taxes					
6	Real estate taxes (see page A-5)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9	5,000		
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	10,000
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See page A-6 for special rules		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	10,000
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8		16	400
(If you made a gift and got a benefit for it, see page A-7.)		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	400
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶		21	
(See page A-9.)		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other - from list on page A-9. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		29	36,314
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ▶ . . . ▶			
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter. ▶			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>					

301

For the calendar year 2007, or
fiscal year beginning _____ and ending _____.

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

Manny FOREMAN

YOUR SOCIAL SECURITY NUMBER

400-00-7508

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

SOPHIA HAPGOOD

SPOUSE'S SOCIAL SECURITY NUMBER

400-00-9819**Part I Nonrefundable Individual Tax Credits**

Enter total available tax credits.

1 Defense Contracting Credit from Form 302	1	45,015	00
2 Enterprise Zone Credit from Form 304	2	2,500	00
3 Environmental Technology Facility Credit from Form 305	3	2,000	00
4 Military Reuse Zone Credit from Form 306	4		00
5 Recycling Equipment Credit from Form 307	5		00
6 Credit for Increased Research Activities from Form 308-I	6	1,553	00
7a Resident Credit for Taxes Paid to Another State or Country from Form 309-R	7a		00
7b Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	7b		00
7c Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	7c		00
7d Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	7d		00
8 Credit for Solar Energy Devices from Form 310	8		00
9 Agricultural Water Conservation System Credit from Form 312	9		00
10 Pollution Control Credit from Form 315	10	2,000	00
11 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12 Credit for Employment of TANF Recipients from Form 320	12	1,333	00
13 Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13		00
14 Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14		00
15 Credit for Contributions to School Tuition Organizations from Form 323	15		00
16 Agricultural Pollution Control Equipment Credit from Form 325	16		00
17 Credit for Donation of School Site from Form 331	17	4,502	00
18 Credit for Healthy Forest Enterprises from Form 332	18		00
19 Credit for Employing National Guard Members from Form 333	19	12,000	00
20 Credit for Motion Picture Production Costs from Form 334	20	1,000	00
21 Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	21	25	00
22 Credit for Investment in Qualified Small Businesses from Form 338	22		00
23 Credit for Water Conservation Systems from Form 339	23		00
24 Total Available Tax Credits: Add lines 1 through 23	24	71,928	00

Continued on page 2 ►

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	25	1,908	00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	26	10	00
27	Subtract line 26 from line 25	27	1,898	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part V, line 23	28	900	00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part IX, line 35	29		00
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	30	900	00
31	Subtotal: Add lines 27 and 30	31	2,798	00
32	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	32		00
33	Subtract line 32 from line 31	33	2,798	00

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

34	Defense Contracting Credit from Form 302	34	2,798	00
35	Enterprise Zone Credit from Form 304	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 31)	36		00
37	Military Reuse Zone Credit from Form 306	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 31 or \$5,000)	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from Form 309-NR	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also Considered to Be a Statutory Resident of Another State from Form 309-D	40d		00
41	Credit for Solar Energy Devices from Form 310	41		00
42	Agricultural Water Conservation System Credit from Form 312	42		00
43	Pollution Control Credit from Form 315	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	44		00
45	Credit for Employment of TANF Recipients from Form 320	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325	49		00
50	Credit for Donation of School Site from Form 331	50		00
51	Credit for Healthy Forest Enterprises from Form 332	51		00
52	Credit for Employing National Guard Members from Form 333	52		00
53	Credit for Motion Picture Production Costs from Form 334	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line 33. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	2,798	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

ARIZONA FORM

302

Defense Contracting Credits

2007

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

1 Has the business been certified as a qualified defense contractor by the Arizona Department of Commerce?

Yes ☒ No ☐

If the answer to this question is no, the business is not eligible for the defense contracting credits.

Part I Net Increase in Defense Employment Positions

2 Average employment during the current taxable year under United States

Department of Defense contracts 2 2

3 Employment baseline 3 1

4 Net increase in defense employment positions - subtract line 3 from line 2 4 1

Part II Net Increase in Qualified Private Commercial Employment Positions

5 Net increase in private commercial employment positions 5 3

6 Number of new qualified private commercial employment positions. See instructions 6 4

7 Net increase in qualified private commercial employment positions. Enter the lesser of line 5 or line 6 7 3

Part III Credit Calculation for Qualified Employment Positions

		(a) Number of qualified defense positions	(b) Number of qualified commercial positions	(c) Credit per qualified employment position	(d) Allowable credit
8	Qualified net new employment positions	1	3	\$2,500	\$ 10,000
9	Qualified employment positions in the second year of existence	1	2	\$2,000	\$ 6,000
10	Qualified employment positions in the third year of existence	3	4	\$1,500	\$ 10,500
11	Qualified employment positions in the fourth year of existence	5	6	\$1,000	\$ 11,000
12	Qualified employment positions in the fifth year of existence	7	8	\$500	\$ 7,500
13	Total	17	23		\$ 45,000

Part IV Credit Calculation for Property Taxes Paid on Class One Property

14	Amount paid as taxes on property in Arizona classified as class one pursuant to ARS § 42-12001	14	1,500	00
15	Percent based on net new defense employment positions. See instructions	15	0.10	
16	Multiply line 14 by line 15	16	150	00
17	Percent based on defense contract income divided by total gross income. See instructions	17	0.10	
18	Allowable credit for property taxes. Multiply line 16 by line 17	18	15	00

Part V S Corporation Credit Election and Shareholder's Share of Credit

19 The S corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)

☐ Claim the defense contracting credits as shown on Part III, line 13, column (d) and Part IV, line 18 (for the taxable year mentioned above);

OR

☐ Pass the defense contracting credits as shown on Part III, line 13, column (d) and Part IV, line 18 through to its shareholders (for taxable year mentioned above).

Signature _____

Title _____

Date _____

If passing the credit through to the shareholders, complete lines 20 through 23 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 302.

20 Name of shareholder _____

21 Shareholder's TIN _____

22 Shareholder's share of the amount on Part III, line 13, column (d) **22**

--

00

23 Shareholder's share of the amount on Part IV, line 18 **23**

--

00

Part VI Partner's Share of Credit

Complete lines 24 through 27 separately for each partner. Furnish each partner with a copy of the completed Form 302.

24 Name of partner _____

25 Partner's TIN _____

26 Partner's share of the amount on Part III, line 13, column (d) **26**

--

00

27 Partner's share of the amount on Part IV, line 18 **27**

--

00

Part VII Available Credit Carryover (See instructions)

	(a)	(b)	(c)
	Original credit amount	Amount previously used	Available carryover - subtract column (b) from column (a)
28			

Part VIII Total Available Credit

29 Current year's credit for qualified employment positions. Individuals, corporations, or

S corporations - enter amount from Part III, line 13, column (d). S corporation shareholders - enter amount from Part V, line 22. Partners of a partnership - enter amount from Part VI, line 26 . . .

29

45,000

00

30 Current year's credit for property taxes paid on class one property. Individuals, corporations,

or S corporations - enter amount from Part IV, line 18. S corporation shareholders - enter amount from Part V, line 23. Partners of a partnership - enter amount from Part VI, line 27 . . .

30

15

00

31 Available credit carryover - enter amount from Part VII, line 28, column (c)

31

00

32 Total available credit - add lines 29, 30, and 31. Enter total here and on Form 300, Part I, line 1 or Form 301, Part I, line 1 **32**

45,015

00

ARIZONA FORM**304****Enterprise Zone Credit****2007**

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508**Enterprise Zone Credit for Qualified Employment Positions****See instructions regarding Arizona Department of Commerce certification before claiming this credit.****Part I Business Information**

1	Business name	1	FREEDOM ZONE CONSTRUCTION
2a	Business location address	2a	4738 EDWARD BOULEVARD
			PHOENIX, AZ 85069
2b	Business location in enterprise zone (list name of enterprise zone)	2b	PHOENIX FREEDOM ZONE
3	Employer identification number	3	19-8897498

4 Retail sales. Does more than 10 percent of the business conducted at the location consist of retail sales of tangible personal property?

See instructions before answering this question.☐ Yes ☒ No

If the answer to this question is yes, the business is not eligible for the enterprise zone credit for qualified employment positions.

Part II Net Increase in Average Number of Full Time Employees**See instructions before completing this section**

5	Average number of full time employees at the zone location during the current taxable year	5	2.17
6	Average number of full time employees at the zone location during the immediately preceding taxable year	6	1.00
7	Net increase in average number of full time employees - subtract line 6 from line 5	7	1

Part III Maximum Number of Qualified Employment Positions**See instructions before completing this section**

8	Qualified employment positions - enter the no. of qualified employment positions created during the taxable year	8	10
9	Net increase in average number of full time employees - enter the number from Part II, line 7	9	1
10	Maximum number of new qualified employment positions for which the business may claim a credit before application of the 35 percent enterprise zone residency requirement - enter the smaller of line 8 or line 9	10	1
11a	Number of employees in qualified employment positions for which the credit is being claimed that are enterprise zone residents on the date of hire	11a	5
11b	Divide the amount on line 11a by 35 percent (.35). Enter the quotient	11b	14
11c	Enter the smaller of line 10 or line 11b. This is the maximum number of qualified employment positions for which the credit may be claimed after application of the enterprise zone residency requirement	11c	1

Part IV Limitation on Number of Qualified Employment Positions

12	Maximum number of filled qualified employment positions on which a credit may be calculated	12	200
13	Maximum number of new qualified employment positions on which you may claim the credit - enter the lesser of line 11c or line 12	13	4

Part V Credit Calculation for Qualified Employment Positions

14 Arizona residency. Are all of the employees in qualified employment positions Arizona residents?
See instructions before answering this question. ☒ Yes ☐ No
If the answer to this question is no, the business is not eligible for an enterprise zone credit for those qualified employment positions filled by employees who are not Arizona residents.

		(a)	(b)	(c)	(d)
		Number of qualified employment positions	Qualifying wages	%	Allowable credit
15	Employees in first year or partial year of employment in a qualified employment position	5	10,000	25%	2,500
16	Employees in the second year of continuous employment in a qualified employment position			33 1/3%	
17	Employees in the third year of continuous employment in a qualified employment position			50%	
18	Totals	5			2,500

Part VI Limited Liability Companies

19 What is the federal tax classification of the limited liability company (LLC)? Check only one box
☐ S corporation ☐ partnership ☐ disregarded entity ☐ corporation

If the LLC is an S corporation, complete Part VII.
If the LLC is a partnership, complete Part VIII.

Part VII S Corporation Credit Election and Shareholder's Share of Credit

20 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the enterprise zone credit as shown on Part V, line 18, column (d) (for the taxable year mentioned above);
OR
☐ Pass the enterprise zone credit as shown on Part V, line 18, column (d) (for the taxable year mentioned above) through to its shareholders.

Signature _____ Title _____ Date _____

If passing the credit through to the shareholders, complete lines 21 through 23 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 304.

21 Name of shareholder _____
22 Shareholder's TIN _____
23 Shareholder's share of the amount on Part V, line 18, column (d) 23 00

Part VIII Partner's Share of Credit

Complete lines 24 through 26 separately for each partner.

Furnish each partner with a copy of the completed Form 304.

24 Name of partner _____**25** Partner's TIN _____**26** Partner's share of the amount on Part V, line 18, column (d)

26		00
-----------	--	-----------

Part IX Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
27	Taxable year						
28	Original credit amount						
29	Amount previously used						
30	Tentative carryover - subtract line 29 from line 28						
31	Amount unallowable - See instructions						
32	Available carryover - subtract line 31 from line 30						
33	Total available carryover						

Part X Total Available Credit**34** Current year's credit for qualified employment positions. Individuals, corporations, or S corporations - enter amount from Part V, line 18, column (d). S corporation shareholders - enter amount from Part VII, line 23.Partners of a partnership - enter amount from Part VIII, line 26

34	2,500	00
-----------	-------	-----------

35 Available credit carryover - from Part IX, line 33, column (f)

35		00
-----------	--	-----------

36 Total available enterprise zone credit for qualified employment positions - add lines 34 and 35.Corporations and S corporations - enter total here and on Form 300, Part I, line 2. Individuals - enter total here and on Form 301, Part I, line 2

36	2,500	00
-----------	-------	-----------

Form 304-1 (2007)

Employees at Enterprise Zone Location

Complete a Form 304-1 for each employee at the enterprise zone location, whether or not the employee is in a qualified employment position.
See instructions for Form 304-1 (included with instructions for Form 304, page 3) about providing the requested information in an alternative format.

1 Employee name GEORGE EMPLOYEE

2 Employee's taxpayer identification number (TIN) 106-51-4964

3 Employee's residence address RETREAD ROAD
PHOENIX, AZ 85072

4a Is the residence address listed on line 3 inside or outside of an enterprise zone that is located in the same county in which the business is located? ☒ inside ☐ outside

4b If the answer on line 4a is inside, list the name of the enterprise zone in which the employee's residence address is located
FREEDOM ZONE

5 Employee's residence address AT DATE OF HIRE RETREAD ROAD
PHOENIX, AZ 85072

6a Is the residence address listed on line 5 inside or outside of an enterprise zone that is located in the same county in which the business is located? ☒ inside ☐ outside

6b If the answer on line 6a is inside, list the name of the enterprise zone in which the employee's residence address was located
FREEDOM ZONE

7 Date of initial employment 02-02-2005

8 If employee was previously employed by the business, list the last date of employment. (See instructions.)

9a Is the employee in a permanent full time position? ☒ Yes ☐ No

9b If the answer to line 9a is yes, list the number of hours the employee worked during the taxable year 5,000

10 Employee's annual compensation for the taxable year \$ 10,000

11a Total cost of health insurance provided by employer for employee. (See instructions.) \$ 100

11b Total cost of health insurance for employee paid by employer. (See instructions.) \$ 50

12 Is this employee in a new qualified employment position? ☒ Yes ☐ No

13a Has this employee been substituted for another employee in a qualified employment position? ☐ Yes ☒ No

13b If answer on line 13a is yes, list the date of substitution _____ and indicate whether the individual is a second year employee or a third year employee. See instructions before answering this question.

Check only one box. ☐ second year employee ☐ third year employee

Environmental Technology Facility Credit

2007

For the calendar year 2007 or	
fiscal year beginning	and ending

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 Manny FOREMAN DECD & SOPHIA HAPGOOD	Social security number or employer ID number 400-00-7508
---	--

Arizona Department of Commerce certification number: 19-8984798

Part I Schedule of Cost of Equipment or Property Used in Construction of Facility for Current Year and Calculation of Current Year's Credit

1	Date of facility's initial construction	1	01-01-2005
---	---	---	------------

[illegible]

2	Total	2	20,000	00
---	-----------------	---	--------	----

3	Current year's credit - multiply line 2, column (b), by 10 percent (.10)	3	2,000	00
---	--	---	-------	----

Part II Recapture of Environmental Technology Facility Credit

4	Date facility was placed in service	4	12-01-2004
---	---	---	------------

5	Date facility ceased to operate as an environmental manufacturing, producing or processing facility	5	12-31-2006
---	---	---	------------

6	Enter total credit actually claimed for the total facility	6	1,500	00
----------	--	----------	--------------	-----------

7	Enter percent based on the year facility ceased to operate as an environmental manufacturing, producing or processing facility	7	60.00	%
---	--	---	-------	---

8	Total environmental technology facility credit recapture. Multiply line 6 by line 7	8	900	00
---	---	---	-----	----

Part III S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

- 9 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year shown above);

OR

☐ Pass the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year mentioned above) through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholders, complete lines 10 through 12 separately for each shareholder.

If passing a credit recapture through to the shareholders, also complete line 13 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 305.

10 Name of shareholder _____

11 Shareholder's TIN _____

12 Shareholder's share of the current year's credit from Part I, line 3, column (b) 12 00

13 Shareholder's share of credit recapture from Part II, line 8 13 00

Part IV Partner's Share of Credit and Credit Recapture

Complete lines 14 through 16 separately for each partner.

If passing credit recapture through to the partners, also complete line 17 separately for each partner.

Furnish each partner with a copy of the completed Form 305.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the current year's credit from Part I, line 3, column (b) 16 00

17 Partner's share of credit recapture from Part II, line 8 17 00

Part V Credit Recapture Summary

- 18 Enter the taxable year(s) in which you took a credit or credit carryover for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility _____

19 Enter the total amount of credit originally claimed for the facility 19 00

20 Enter the total amount of the credit to be recaptured

• Individuals, corporations, and S corporations - enter the amount from Part II, line 8.

• S corporation shareholders - enter the amount from Part III, line 13.

• Partners of a partnership - enter the amount from Part IV, line 17 20 900 00

21 Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility 21 (900) 00

22 Amount of credit on line 19 that you have claimed on prior years' returns 22 00

23 Subtract line 22 from line 21 and enter the result 23 (900) 00

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part VI, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part VI, column d, on the line for the year in which the disqualified credit arose.

• Corporations, also enter this amount as a positive number on Form 300, Part II, line 20.

• Individuals, also enter this amount as a positive number on Form 301, Part II, line 28.

ARIZONA FORM
308-I

Credit for Increased Research Activities - Individuals

D1 - 08/24/07

2007

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number

400-00-7508

Individuals must complete this form to claim the credit for increased research activities. Do not complete Form 308.

Complete this form if the taxpayer has:

- (a) a current taxable year's credit from the taxpayer's sole proprietorship; OR
- (b) a current taxable year's credit passed through from an S corporation or a partnership; OR
- (c) a carryover of unused credit from taxable year(s) 2001 and later.

Part I Current Taxable Year Credit Calculation (Sole Proprietorships Only)

1	Wages for qualified services (do not include wages used in figuring the federal work opportunity credit)	1	15,456	00
2	Cost of supplies	2	10	00
3	Rental or lease cost of computers	3	25	00
4	Contract research expenses. See instructions	4	36	00
5	Total qualified research expenses. Add lines 1 through 4. Enter the total	5	15,527	00
6	Average annual Arizona gross receipts. See instructions	6	10	00
7	Fixed-base percentage (not more than 16%). See instructions	7	15.50	%
8	Base amount. Multiply line 6 by the percentage on line 7. Enter the result	8	2	00
9	Subtract line 8 from line 5. If less than zero, enter zero (0)	9	15,525	00
10	Multiply line 5 by 50% (.50). Enter the result	10	7,764	00
11	Enter the lesser of line 9 or line 10	11	7,764	00
12	Current year credit for increased research activities. See instructions before completing this line	12	1,553	00

Part II Current Taxable Year's Credit Passed Through from S Corporations and Partnerships

- 13 Total amount of credit passed through from S corporations and partnerships. (Enter the aggregate amount of the credit for increased research activities from all Form(s) 308 received from S corporations and partnerships. Attach copies of any Form(s) 308 to your tax return)

13 00

Part III Available Pre-2003 Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - subtract column (c) from column (b)
14				
15				
16	Total available pre-2003 carryover			

Part IV Available Post-2002 Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - subtract column (c) from column (b)
17				
18				
19				
20				
21	Total available post-2002 carryover			

Part V Limitation of Credit Carryovers

LIMITATION OF PRE-2003 CREDIT CARRYOVER: You may not be able to use all your available pre-2003 credit carryovers from Part III to offset this year's tax liability. Complete Part V to determine which credit carryovers you may claim. Also complete Part V to figure the total of all of your available credit carryovers (amounts from Part III, line 16, column (d), and Part IV, line 21, column (d)) that you may claim this year.

22a	Tax liability - amount from Form 301, Part II, line 33	22a	2,798	00
22b	Current taxable year's credit - add the amounts from page one, Part I, line 12 and Part II, line 13	22b	1,553	00
22c	Subtract line 22b from line 22a	22c	1,245	00
23a	Available pre-2003 credit carryover - amount from Part III, line 16, column (d)	23a		00
23b	Enter the lesser of line 22a or \$500,000	23b	2,798	00
23c	Subtract line 22b from line 23b - if the result is zero or less, enter zero	23c	1,245	00
23d	Enter the lesser of line 23a or line 23c. This is the amount of pre-2003 carryover that you may use	23d		00
24	Subtract line 23d from line 23c	24	1,245	00
25	Enter the lesser of line 21, column (d) or line 24. This is the amount of post-2002 carryover that you may use	25		00

Part VI Total Available Credit

26	Enter the current year's credit from Part V, line 22b	26	1,553	00
27	Credit carryover - add the amounts from Part V, line 23d and 25	27		00
28	Total available credit - add lines 26 and 27. Enter total here and on Form 301, Part I, line 6	28	1,553	00

NOTE: The amount of the credit carryover you may claim on your tax return may be further reduced if you claim other nonrefundable tax credits. See Form 301 for details.

Part VI Available Credit Carryover

	(a) Taxable year	(b) Original credit amount	(c) Amount previously used	(d) Available carryover - subtract column (c) from column (b)
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39	Total available carryover			

Part VII Total Available Credit

40 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3, column (b).

S corporation shareholders - enter amount from Part III, line 12.

Partners of a partnership - enter amount from Part IV, line 16

40	2,000	00
-----------	-------	----

41 Available credit carryover - from Part VI, line 39, column (d)

41		00
-----------	--	----

42 Total available credit. Add line 40 and line 41. Corporations and S corporations - enter total here and on Form 300,

Part I, line 3. Individuals - enter total here and on Form 301, Part I, line 3

42	2,000	00
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For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

Part I Schedule of Equipment and Calculation of Current Taxable Year's Credit

If additional space is needed, attach a separate schedule.

	(a) Date property placed in service or expected to be placed in service	(b) Description	(c) Total cost of property used to reduce pollution incurred during the taxable year	
1	02-02-2006	SCRUBBERS FOR PLANT	20,000	00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00

11	Total - add lines 1 through 10 in column (c)	11	20,000	00
12	Total from continuation sheet, if applicable	12		00
13	Total cost of pollution control equipment incurred during the taxable year - add lines 11 and 12	13	20,000	00
14	Tentative credit for current taxable year - multiply line 13 by 10% (.10)	14	2,000	00
15	Maximum credit allowed	15	\$ 500,000	00
16	Credit for current taxable year - enter the lesser of line 14 or line 15	16	2,000	00

A taxpayer who elects to take a credit pursuant to ARS § 43-1081 or § 43-1170 shall reduce the basis for depreciation or amortization of the cost of the pollution control equipment by the amount of the credit claimed.

Part II S Corporation Credit Election and Shareholder's Share of Credit

17 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the pollution control credit as shown on Part I, line 16 (for the taxable year mentioned above);

OR

☐ Pass the pollution control credit as shown on Part I, line 16 (for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholder, complete lines 18 through 20 separately for each shareholder.
Furnish each shareholder with a copy of the completed Form 315.

18 Name of shareholder _____

19 Shareholder's TIN _____

20 Shareholder's share of the amount on Part I, line 16 20 00

Part III Partner's Share of Credit

Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 315.

21 Name of partner _____

22 Partner's TIN _____

23 Partner's share of the amount on Part I, line 16

23		00
----	--	----

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Taxable year	Original credit amount	Amount previously used	Available carryover - Subtract column (c) from column (b)
24				
25				
26				
27				
28				
29	Total available carryover			

Part V Total Available Credit

30 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16.

S corporation shareholders - enter the amount from Part II, line 20.

Partners of a partnership - enter amount from Part III, line 23

30	2,000	00
----	-------	----

31 Available credit carryover - from Part IV, line 29, column (d)

31		00
----	--	----

32 Total available credit. Add line 30 and line 31. Corporations and S corporations - enter total here and on Form 300, Part I, line 6. Individuals - enter total here and on Form 301, Part I, line 10

32	2,000	00
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ARIZONA FORM

Credit for Employment of TANF Recipients

2007

320

For the calendar year 2007 or fiscal year beginning _____ and ending _____.
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Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165

YOUR SOCIAL SECURITY NUMBER OR
EMPLOYER IDENTIFICATION NUMBER

Manny FOREMAN DECD & SOPHIA HAPGOOD

400-00-7508

Part I Business Information

- 1 Business name: TANF BUSINESS
- 2 Business location: 3849 YURI WAY
PHOENIX, AZ 85045
- 3 Employer Identification Number: 19-8984498

Part II Net Increase in Qualified Employment Positions

4 Average number of qualified employment positions during the current taxable year	4	10
5 Average number of qualified employment positions during the immediately preceding taxable year	5	5
6 Net increase in the number of qualified employment positions: Subtract line 5 from line 4	6	5
7 Number of positions on line 6 that are eligible for any other income tax credit under Arizona law	7	1
8 Maximum number of positions eligible for the credit: Subtract line 7 from line 6	8	4

Part III Qualifying New Employees

9 New employees hired during the year	9	10
10 Qualified new employees	10	5
11 Maximum number of qualifying net new employees: Enter the smaller of line 8 or line 10	11	4

Part IV Credit Calculation for Qualifying Employees

	(a) No. of Qualifying Employees	(b) Qualifying Wages	(c) Percentage	(d) Allowable Credit
12 Qualifying Net New Employees 12	1	\$ 2,000	25%	\$ 500
13 Previously Qualified Employees in the Second Year of Continuous Employment 13	1	\$ 2,500	33 1/3%	\$ 833
14 Previously Qualified Employees in the Third Year of Continuous Employment 14		\$	50%	\$
15 TOTALS 15	2			\$ 1,333

Part V S Corporation Credit Election and Shareholder's Share of Credit

- 16 The S corporation has made an irrevocable election for the taxable year ending: _____
to (check only one box):
- ☐ Claim the credit, as shown on Part IV, line 15, column (d);
OR
- ☐ Pass the credit, as shown on Part IV, line 15, column (d) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 17 through 19 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 320.

- 17 Name of shareholder: _____
- 18 Shareholder's TIN: _____
- 19 Shareholder's share of the amount on Part IV, line 15, column (d)

19 00

NAME(S) AS SHOWN ON PAGE 1

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

Manny FOREMAN DECD & SOPHIA HAPGOOD

400-00-7508

Part VI Partner's Share of Credit

Complete lines 20 through 22 separately for each partner. Furnish each partner with a copy of the completed Form 320.

20 Name of partner: _____

21 Partner's TIN: _____

22 Partner's share of the amount on Part IV, line 15, column (d) 22 00

Part VII Available Credit Carryover

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract col. (c) from column (b).
23	2002	\$	\$	\$
24	2003	\$	\$	\$
25	2004	\$	\$	\$
26	2005	\$	\$	\$
27	2006	\$	\$	\$
28	TOTAL AVAILABLE CARRYOVER			\$

Part VIII Total Available Credit

29	Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22	29	1,333	00
30	Available carryover from Part VII, line 28, column (d)	30		00
31	Total available credit. Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 9, or Form 301, Part I, line 12	31	1,333	00

Manny FOREMAN DECD & SOPHIA HAPGOOD

400-00-7508

Form 320-1 (2007)

Qualifying Employees

	(a) Employee's Name	(b) Social Security Number	(c) Date of Hire	(d) Was this employee an Arizona resident on date of hire?	(e) Was this employee receiving TANF benefits on date of hire?
1	EMPLOYEE ONE	111-11-1111	01-01-2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	EMPLOYEE THREE	333-33-3333	01-01-2005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	EMPLOYEE FOUR	444-44-4444	01-01-2006	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than 25 qualifying employees, complete additional schedules.

Form 320-2 (2007)

Qualifying Employees for Which You are Taking a Credit

	(a) Employee's Name	(b) Social Security Number	(c) Type of Employee Check the appropriate box. This employee is a:			(d) Total Wages Less Wages Subsidized as Provided by AR § 46-299 Paid to the Employee During the Current Taxable Year	(e) Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below.		
			1st Year Employee c1	2nd Year Employee c2	3rd Year Employee c3		Year 1 \$2000 e1	Year 2 \$3000 e2	Year 3 \$3000 e3
1	EMPLOYEE TWO	222-22-2222	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,000	2,000		
2	EMPLOYEE THREE	333-33-3333	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,500		2,500	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12	TOTAL:								
	<ul style="list-style-type: none"> For column (c), add the number of employees in each column c1, c2 and c3 and enter the total for each column on line 12. For columns (d) and (e), add the amounts in each column and enter the total for each column on line 12 12 		1	1		\$ 4,500	\$ 2,000	\$ 2,500	\$

If you have more than 11 qualifying employees, complete additional schedules.

Credit for Employing National Guard Members**ARIZONA FORM****2007****333**

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165

YOUR SOCIAL SECURITY NUMBER
OR EMPLOYER IDENTIFICATION NUMBERManny FOREMAN DECD & SOPHIA HAPGOOD400-00-7508**Part I Business Information**

- 1 Business name: Smith and Associates
 2 Business location: 1107 Maricopa Avenue
Phoenix, AZ 85001
 3 Employer Identification Number: 12-3000456

Part II Credit Computation

- | | | | | |
|---|--|---|---------------|----|
| 4 | Number of qualifying employees placed on active duty during the current taxable year | 4 | <u>12</u> | |
| 5 | Credit per employee | 5 | 1,000 | 00 |
| 6 | Multiply the number on line 4 by the amount on line 5 | 6 | <u>12,000</u> | 00 |

Part III S Corporation Credit Election and Shareholder's Share of Credit

- 7 The S corporation has made an irrevocable election for the taxable year ending
_____ to (check only one box):

- ☐ Claim the credit, as shown on Part II, line 6 for the taxable year mentioned above;
OR
☐ Pass the credit, as shown on Part II, line 6 for the taxable year mentioned above through to
its shareholders.

Signature Title Date

If passing the credit through to the shareholders, complete lines 8 through 10 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 333.

- 8 Name of shareholder: _____
 9 Shareholder's TIN: _____
 10 Shareholder's share of the amount on Part II, line 6 **10** **00**

Part IV Partner's Share of Credit

Complete lines 11 through 13 separately for each partner. Furnish each partner with a copy of the completed Form 333.

- 11 Name of partner: _____
 12 Partner's TIN: _____
 13 Partner's share of the amount on Part II, line 6 **13** **00**

Continued on page 2 →

NAME(S) AS SHOWN ON PAGE 1

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

Manny FOREMAN DECD & SOPHIA HAPGOOD

400-00-7508

Part V Available Credit Carryover

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
14	2006	\$	\$	\$
15		\$	\$	\$
16		\$	\$	\$
17		\$	\$	\$
18		\$	\$	\$
19	TOTAL AVAILABLE CARRYOVER			\$

Part VI Total Available Credit

20 Current year's credit: Individuals, corporations, or S corporations that are claiming the credit, enter the amount from Part II, line 6. S corporation shareholders, enter the amount from Part III, line 10. Partners of a partnership, enter the amount from Part IV, line 13

21 Available carryover from Part V, line 19, column (d)

22 Total available credit. Add lines 20 and 21. Enter the total here and on Form 300, Part I, line 13, or Form 301, Part I, line 19

20	12,000	00
21		00
22	12,000	00

ARIZONA FORM
336**Credit for Solar Energy Devices -**
Commercial and Industrial Applications**2007**For the calendar year 2007 or
fiscal year beginning _____ and ending _____**Attach to your return**

NAME(S) AS SHOWN ON FORM 120, 120A, 120S, 120X, 140, 140PY, 140NR, 140X, 165, 99, OR 99T

YOUR SOCIAL SECURITY NUMBER OR
EMPLOYER IDENTIFICATION NUMBERManny FOREMAN DECD & SOPHIA HAPGOOD400-00-7508**Part I: Eligibility**

- 1 Has the taxpayer made an application with the Arizona Department of Commerce and received an initial certification of the solar energy project? 1 ☒ YES ☐ NO
- 2 After the installation of the solar energy device was complete, did the taxpayer receive a Credit Certificate from the Arizona Department of Commerce? 2 ☒ YES ☐ NO

If the answer to either question 1 or question 2 is "No", you do not qualify for this credit. In this case, do not complete Form 336.

Part II: Credit Computation for Installing Qualifying Devices

- 3 Enter the total number of devices installed during the taxable year for which the taxpayer is claiming a credit 3

3	1
4	1

- 4 Enter the total number of buildings on which the taxpayer installed solar energy devices 4

	(a) BUILDING 1	(b) BUILDING 2	(c) BUILDING 3
5 Enter the address of the building on which the device was installed 5	123 Apple Blossom Mesa AZ 85201		
6 Enter the Department of Commerce Credit Certificate Number For the Device 6	7734001		
7 Enter the installed cost of the device . . . 7	\$ 250 .00	\$.00	\$.00
8 Credit Factor 8	\$.10	\$.10	\$.10
9 Multiply the amount on line 7 by the percentage on line 8. Enter the result 9	\$ 25 .00	\$.00	\$.00
10 Maximum Credit Per Building 10	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
11 In columns (a) through (c), enter the lesser of the amount on line 9, or the amount on line 10 11	\$ 25 .00	\$.00	\$.00
12 Add the amounts on line 11 in each column and enter the result 12	25	00	00
13 Enter the total from continuation sheets if applicable 13			00
14 Add the amount on line 12 to the amount on line 13. Enter the total 14	25	00	00
15 Maximum allowable credit 15	50,000	00	00
16 Enter the smaller of line 14 or line 15 16	25	00	00

Continued on page 2 →

NAME(S) AS SHOWN ON PAGE 1

Manny FOREMAN DECD & SOPHIA HAPGOOD

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

400-00-7508

Part III: Allowable Credit Transferred to You as a Third Party

17 Credit Limitation: Subtract the amount on line 16 from the amount on line 15. If "zero" or less, skip Part III	17	49,975	00
18 Credits Transferred to You As a Third Party: Enter the aggregate total, from Part IV, line 24, from all Forms 336 received from taxpayers that have transferred the credit to you as a third party	18		00
19 Allowable Credit to Third Party: Enter the smaller of line 17 or line 18	19		00

Part IV: Taxpayer Third Party Election

To be completed by all taxpayers that had the solar energy device installed.

20 The taxpayer has made an irrevocable election for the taxable year ending: _____
to **(check only one box):**

☐ Claim the credit for solar energy devices listed on Part II.

- OR -

☐ Allow a third party to claim the credit.

Signature

Title

Date

If you had more than one device installed, and are transferring those credits to different third parties, please complete a separate Form 336 for each third party for which the election is made.

21 Name of third party:

22 Third Party's TIN:

23 Commerce Credit Certificate Number for the device for which you are transferring the credit:

24 Amount of credit to be transferred to third party for the device noted on line 23. This amount must equal the amount entered on Form 336, Part II, line 11 for that particular device	24		00
25 If only one third party, enter the amount on Part IV, line 24 here. If more than one third party, enter the total transferred to all third parties here	25		00

Part V: Current Year's Credit

26 Enter the amount from Part II, line 16	26	25	00
27 Enter the amount from Part III, line 19	27		00
28 Add the amount on line 26 to the amount on line 27. Enter the total	28	25	00
29 Enter the amount from Part IV, line 25	29		00
30 Subtract the amount on line 29 from the amount on line 28	30	25	00

Continued on page 3 →

NAME(S) AS SHOWN ON PAGE 1

Manny FOREMAN DECD & SOPHIA HAPGOOD

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

400-00-7508

Part VI: S Corporation Credit Election and Shareholder's Share of Credit

31 The S corporation has made an irrevocable election for the taxable year ending: _____

to (check only one box):

☐ Claim the credit for solar energy devices as shown on Part V, line 30, for the taxable year mentioned above.

- OR -

☐ Pass the credit for solar energy devices as shown on Part V, line 30, for the taxable year mentioned above through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholders, complete lines 32 through 34 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 336.

32 Name of shareholder: _____

33 Shareholder's TIN: _____

34 Shareholder's share of the amount shown on Part V, line 30

34

00

Part VII: Partner's Share of Credit

Complete lines 35 through 37 separately for each partner. Furnish each partner with a copy of the completed Form 336.

35 Name of partner: _____

36 Partner's TIN: _____

37 Partner's share of the amount on Part V, line 30

37

00

Part VIII: Available Credit Carryover

	(a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
38	2006	\$	\$	\$
39		\$	\$	\$
40		\$	\$	\$
41		\$	\$	\$
42		\$	\$	\$
43	TOTAL AVAILABLE CARRYOVER.			\$

Part IX: Total Available Credit

44 Individuals, corporations, or S corporations: Enter the amount from Part V, line 30

44

25 00

- S corporation shareholders: Enter the amount from Part VI, line 34.
- Partners of a partnership: Enter the amount from Part VII, line 37.

45 Available credit carryover from Part VIII, line 43

45

00

46 **Total Available Credit:** Add the amount on line 44 to the amount on line 45

46

25 00

- Individuals: Also enter the amount from Part IX, line 46 on Form 301, line 21.
- Corporations, including S corporations that are claiming the credit: Also enter the amount from Part IX, line 46 on Form 300, line 16.

331

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

The donated real property and improvements must be located in Arizona. The credit is in lieu of a deduction for the donation of the property for which the credit is claimed. See instructions.

Part I Donated Property Information and Calculation of Current Taxable Year's Credit

Property 1

Property 2

Property 3

1	Arizona county in which the property is located	1	MARICOPA			
2	Parcel number of property	2	23497898773428			
3	Date of property conveyance	3	12-12-2006			
4	Recording number of property conveyance	4	32893389298328			
5	Value of property based on qualified certified appraisal	5	15,006	00		00
6	Multiply the amounts on line 5 in each column by 30 percent (.30)	6	4,502	00		00
7	Add the amounts on line 6 in each column - enter the total	7	4,502	00		
8	Total from continuation sheets, if applicable	8		00		
9	Current taxable year's credit - add lines 7 and 8	9	4,502	00		

Part II S Corporation Credit Election and Shareholder's Share of Credit

10 The S corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)

☐ Claim the credit for donation of school site as shown on Part I, line 9 (for the taxable year mentioned above);

OR

☐ Pass the credit for donation of school site as shown on Part I, line 9 (for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 11 through 13 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 331.

11 Name of shareholder _____

12 Shareholder's TIN _____

13 Shareholder's share of the amount on Part I, line 9 13 _____ 00

Part III Partner's Share of Credit

Complete lines 14 through 16 separately for each partner. Furnish each partner with a copy of the completed Form 331.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the amount on Part I, line 9 16 _____ 00

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Taxable year	Original credit amount	Amount previously used	Available carryover - Subtract column (c) from column (b)
17				
18				
19				
20				
21				
22	Total available carryover			

Part V Total Available Credit

23 Current year's credit. Individuals, corporations, or S corporations - enter the amount from

Part I, line 9. S corporation shareholders - enter the amount from Part II, line 13.

Partners of a partnership - enter the amount from Part III, line 16

23	4,502	00
-----------	-------	----

24 Available credit carryover - from Part IV, line 22, column (a)

24		00
-----------	--	----

25 Total available credit. Add lines 23 and 24. Corporations and S corporations - enter total here and on Form 300,

Part I, line 11. Individuals - enter total here and on Form 301, Part I, line 17

25	4,502	00
-----------	-------	----

00 - 561332 - 07578 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL Manny	LAST NAME FOREMAN	YOUR SOCIAL SECURITY NO. 400-00-7508
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SOPHIA	LAST NAME HAPGOOD	SPOUSE'S SOCIAL SECURITY NO. 400-00-9819

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	117,343	00
2	Balance Of Tax	2		00
3	Arizona Income Tax Withheld	3	5,000	00

Check box 4 or box 5:

4 ☒ **REFUND.** Enter the amount of refund 4 5,000 00

5 ☐ **AMOUNT YOU OWE.** Enter the amount owed 5 00

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT	ROUTING NUMBER
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	021234567
ACCOUNT NUMBER	
123123123	
DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	\$.00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the ref.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize John Smith to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, c and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	10-09-2007
		DATE

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

ARIZONA FORM

Claim for Refund on Behalf of Deceased Taxpayer

2007

131

Refund claim for calendar year 2007 or other tax year beginning _____ and ending _____

PLEASE PRINT OR TYPE

1 DECEDENT'S NAME (last, first, middle initial) FOREMAN, Manny		2 DATE OF DEATH 10-15-2007	3 DECEDENT'S SOCIAL SECURITY NO. 400-00-7508
4 NUMBER AND STREET (permanent residence or domicile on date of death) 4664 COUSINS PL		5 CITY, STATE, ZIP CODE LAKE HAVASU CITY, AZ 86403	
6 NAME OF PERSON CLAIMING REFUND (last, first, middle initial) HAPGOOD, SOPHIA		7 RELATIONSHIP TO DECEDENT SPOUSE	8 CLAIMANT'S SOCIAL SECURITY OR FEDERAL I.D. NO. 400-00-9819
9 NUMBER AND STREET OF PERSON CLAIMING REFUND 4664 COUSINS PL		10 CITY, STATE, ZIP CODE LAKE HAVASU CITY, AZ 86403	
11 I am filing this claim as (check only one box): a <input checked="" type="checkbox"/> Surviving spouse claiming a refund based on a joint return. b <input type="checkbox"/> Court Appointed Personal Representative for the decedent's estate. Attach a court certificate (issued after death) showing your appointment. c <input type="checkbox"/> Person other than 11a or 11b claiming refund for the decedent's estate. Complete Schedule A below, and attach a copy of the death certificate or proof of death. Please attach requested information and sign below. If you checked box 11c, complete Schedule A.			FOR DOR USE ONLY 88 81 80

SCHEDULE A: Complete only if you checked box (c) above.

	YES	NO
12 Did the decedent leave a will?	<input type="checkbox"/>	<input type="checkbox"/>
a Has a personal representative been appointed for the estate of the decedent?	<input type="checkbox"/>	<input type="checkbox"/>
b If "No", will one be appointed? If you answered "Yes" to 12a or 12b, do not file this form. The personal representative should file for the refund.	<input type="checkbox"/>	<input type="checkbox"/>
13 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident? If you answered "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.	<input type="checkbox"/>	<input type="checkbox"/>

I request a refund of taxes overpaid by, or on behalf of, the decedent. I, the undersigned claimant, certify under all penalties, fines and forfeitures imposed by law for the making of false or fraudulent claims against the State of Arizona or the making of false statements in connection therewith, that the statements made herein have been examined by me and that such statements are true to the best of my knowledge and belief.

Signature of Person Claiming Refund

02-10-2007
Date

Instructions

- Attach this form to the front of the income tax return that would have been filed if the decedent had lived.
- If the refund is issued in the name of the decedent, it may be cashed with the endorsement of the executor or administrator of the estate.
- Attach any required documents, certificates, etc., to this form.
- For military personnel, the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
- As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141AZ) for the decedent's estate. For further information concerning this form, call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090.

For the calendar year 2007 or
fiscal year beginning _____ and ending _____.

Attach your motion picture credit forms and your Department of Commerce pre-approval and post-approval forms to your return

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number or employer identification number

400-00-7508

Part I Individual who will Maintain Records of Expenditures in Arizona

Name: Pocahontas Smith

Telephone number: 855-000-1234

Address: 115 Hollywood Blvd

Aptos CA 95001

Part II Listing of Post-Approved Productions

Motion Picture Production Companies complete this section.

List completed productions for which you have received Department of Commerce pre-approval and post-approval. If you have more than five completed productions, attach additional schedules. See instructions.

(a) Department of Commerce Pre-Approval and Post-Approval Information			(b)	
(a)1 Pre-Approval Date	(a)2 Post-Approval Date	(a)3 Post-Approval Number	Approved Credit Amount	
1 01-01-2006	10-31-2007	1357-900	100,000	00
2				00
3				00
4				00
5				00
6 Subtotal of approved credit amounts			100,000	00
7 Aggregate total from all additional schedules				00
8 Total - add lines 6 and 7			100,000	00

Part III Calculation of Available Credit

9	Total original credit from completed productions. Enter total amount from Part II, line 8	9	100,000	00
10	Credit transfers received this year. Enter total amount from attached Form(s) 334-1, column (e), line 5	10		00
11	Subtotal - add lines 9 and 10. Enter the result here	11	100,000	00
12	Credit transferred to others this year. Enter total from attached Form(s) 334-1, column (h), line 10	12	99,000	00
13	Available credit - subtract line 12 from line 11 and enter the total. If the result is less than zero, enter zero	13	1,000	00

Part IV S Corporation Credit Election and Shareholder's Share of Credit

14 The S corporation has made an irrevocable election for the taxable year ending _____ to:

(CHECK ONLY ONE BOX)☐ Claim the credit for motion picture production costs as shown on Part III, line 13 (for the taxable year mentioned above);**OR**☐ Pass the credit for motion picture production costs as shown on Part III, line 13 (for the taxable year mentioned above) through to its shareholders._____
Signature_____
Title_____
Date

If passing the credit through to the shareholders, complete lines 15 through 17 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 334.

15 Name of shareholder _____

16 Shareholder's TIN _____

17 Shareholder's share of the available credit from Part III, line 13

17		00
----	--	----

Part V Partner's Share of Credit

Complete lines 18 through 20 separately for each partner.

Furnish each partner with a copy of the completed Form 334.

18 Name of partner _____

19 Partner's TIN _____

20 Partner's share of the available credit from Part III, line 13

20		00
----	--	----

Part VI Available Credit Carryover

	(a)	(b)	(c)	(d)	(e)	(f)
21 Allocation year - see instructions						
22 Original credit amount						
23 Credit transfers received						
24 Available credit - Add lines 22 and 23.						
25 Amount previously used						
26 Credit transferred to other taxpayer(s)						
27 Amount unallowable - see instructions						
28 Available carryover - subtract lines 25 through 27 from line 24						
29 Total available carryover						

Part VII Total Available Credit

30 Current year's available credit. Individuals, corporations, or S corporations that are claiming the credit - enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part IV, line 17.

Partners of partnerships, enter the amount from Part V, line 20

30	1,000	00
-----------	-------	----

31 Available credit carryover - enter the amount from Part VI, line 29, column (f)

31		00
-----------	--	----

32 Total available credit. Corporations and S corporations - enter total here and on Form 300, Part I, line 14.

Individuals - enter total here and on Form 301, Part I, line 20

32	1,000	00
-----------	-------	----

a Control number				Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .	
b Employer identification number (EIN) 93-1422446		1 Wages, tips, other compensation 17,400		2 Federal income tax withheld 2,100	
c Employer's name, address, and ZIP code MEXICO AVENTURAS RIO LERMO NO 1665 81000 XALAPA VERACRUZ, Mexico		3 Social security wages 17,400		4 Social security tax withheld 1,079	
		5 Medicare wages and tips 17,400		6 Medicare tax withheld 252	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-7508		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. MANNY FOREMAN 4664 COUSINS PL LAKE HAVASU CITY AZ 86403		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID no. AZ 93-1422446	16 State wages, tips, etc. 17,400	17 State income tax 5,000	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2007

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by John Smith.



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code Lumpey Distributions 1077 West Yarwood Lane Salt Lake City UT 84101		1 Gross distribution \$ 3,800		OMB No. 1545-0119 2007 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		2a Taxable amount \$							
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>							
PAYER'S federal identification number 55-4433333		RECIPIENT'S identification number 400-00-9819		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name SOPHIA HAPGOOD Street address (including apt. no.) 4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY AZ 86403		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$		6 Net unrealized appreciation in employer's securities \$					
		7 Distribution Code A		8 Other \$ %					
		9a Your percentage of total distribution %		9b Total employee contributions \$					
Account number (see instructions) 567000123		10 State tax withheld \$		11 State/Payer's state no. AZ 55-4433333		12 State distribution \$ 3,800			
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$			

Form **1099-R**

Department of the Treasury - Internal Revenue Service

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.

☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code Railroad Retirement Board 1750 Grant Avenue Chicago IL 60601		1 Gross distribution \$ 1,500	OMB No. 1545-0119 2007 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 1,500				
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>				
PAYER'S federal identification number 60-0555555	RECIPIENT'S identification number 400-00-9819	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$			Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name SOPHIA HAPGOOD Street address (including apt. no.) 4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY AZ 86403		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$	6 Net unrealized appreciation in employer's securities \$			
		7 Distribution Code 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	9b Total employee contributions \$	
		9a Your percentage of total distribution %				
1st year of desig. Roth contrib.		10 State tax withheld \$	11 State/Payer's state no. AZ 60-0555555		12 State distribution \$ 1,500	
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.



Description: Short Form, Head of Household, 4 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140A, Schedule I, Form AZ-8879

Other:

Clean Election Deduction = 5

Routing Number: 422166894

Clean Election Fund Tax Credit = 20

Checking Acct #: 776538411

Contributions to the following check-off funds: AZ Wildlife: 2, Citizens' Clean Elections: 3, Child Abuse Prevention: 4, Domestic Violence Shelter: 5, National Guard Relief: 6, Neighbors Helping Neighbors: 7, Special Olympics: 8, Veterans' Fund: 9, Political Gift (Democratic Party): 50, Total contributions: 94

Income Information:	Total
Wages from two W-2 Forms	25,500
Interest	50
Federal AGI	25,550

Preparer Information:

Name = John E Plessy

Firm = The Accounting Company

Address = 235 Business Street, Tempe, AZ 85280

Phone = 480-524-2922

Self Employed = Yes

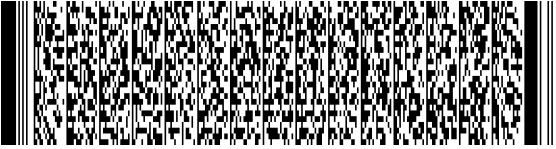
SSN = 400-25-9505

EIN = 88-6868687

STOP

Do not use this form if your Arizona taxable income is more than \$50,000.

If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

YOUR FIRST NAME AND INITIAL 1 TEST Z		LAST NAME SHORTY		YOUR SOCIAL SECURITY NO. (required) 400-00-7509						
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. (required)						
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO 2 12 QUEEN OF HEARTS BLVD		DAYTIME PHONE (with area code) 480-524-0615		89 <input checked="" type="checkbox"/>						
HOME ADDRESS CONTINUED 2		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension						
CITY, TOWN OR POST OFFICE 3 TEMPE, AZ		STATE AZ		ZIP CODE 85280						
Filing status	4 <input type="checkbox"/> Married filing joint return									
	5 <input checked="" type="checkbox"/> Head of household - name of qualifying child or dependent SAMUEL SHORTY									
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here									
	7 <input type="checkbox"/> Single									
Exemptions	Enter the number claimed. Do not put a check mark.									
	8	00	Age 65 or over (you and/or spouse)							
	9	00	Blind (you and/or spouse)							
	10	04	Dependents. From page 2, line A2 - do not include self or spouse.							
11					00	Qualifying parents and ancestors of your parents. From page 2, line A5.				
Attach worksheet to last page.	THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN					12 Federal adjusted gross income 12 25,550 00				
						13 Age 65 or over . . . 13 00				
						14 Blind . . . 14 00				
						15 Dependents . . . 15 9,200 00				
						16 Qualifying parents . . . 16 00				
						17 Total subtractions. Add lines 13 through 16 . . . 17 9,200 00				
	18 Arizona AGI. Subtract line 17 from line 12 . . . 18 16,350 00									
	19 Standard deduction 19 8,745 00									
	20 Personal exemptions 20 4,200 00									
	21 AZ taxable inc. Line 18 minus lines 19 & 20 . . . 21 3,405 00									
	22 Tax from Optional Tax Rate Tables 22 89 00									
	23-24 23 <input checked="" type="checkbox"/> YOURSELF 24 <input type="checkbox"/> SPOUSE . . . 24 5 00									
	25 Reduced tax. Subtract line 24 from line 22 . . . 25 84 00									
	26 Family income tax credit from worksheet on page 8 of instructions 26 00									
	27 Subtract line 26 from line 25. If less than zero, enter zero 27 84 00									
28 Clean Elections Fund Tax Credit. From worksheet on page 9 of the instructions 28 20 00										
29 Balance of tax. Subtract line 28 from line 27. If line 28 is more than line 27, enter zero 29 64 00										
30 Arizona income tax withheld during 2007 30 900 00										
31 Amount paid with 2007 Arizona extension request (Form 204) 31 00										
32 Increased Excise Tax Credit from worksheet on page 9 of the instructions 32 00										
33 Property Tax Credit from Form 140PTC 33 00										
34 Total payments/credits. Add lines 30 through 33 34 900 00										
35 TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36 . . . 35 00										
36 OVERPAYMENT. If line 34 is larger than line 29, enter amount of overpayment 36 836 00										
37 - 46 Voluntary Gifts to:										
AID TO EDUCATION (entire refund only) 37 00										
CITIZENS CLEAN ELECTIONS 39 3 00										
DOMESTIC VIOLENCE SHELTER 41 5 00										
NEIGHBORS HELPING NEIGHBORS 43 7 00										
VETERANS' DONATIONS FUND 45 9 00										
ARIZONA WILDLIFE 38 2 00										
CHILD ABUSE PREVENTION 40 4 00										
NATIONAL GUARD RELIEF FUND 42 6 00										
SPECIAL OLYMPICS 44 8 00										
POLITICAL GIFT 46 50 00										
47 Check only one if making a political gift: 47 <input checked="" type="checkbox"/> Democratic 47 <input type="checkbox"/> Libertarian 47 <input type="checkbox"/> Republican										
48 Total voluntary gifts: Add lines 37 through 46 48 94 00										
49 REFUND. Subtract line 48 from line 36. If less than zero, enter amount owed on line 50 49 742 00										
Direct Deposit of Refund: See instructions.										
ROUTING NUMBER: 98 021234567 ACCOUNT NUMBER: 123123123										
C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings										
50 AMOUNT OWED. Add lines 35 and 48. Make check payable to Arizona Department of Revenue; include SSN on payment.										
<input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.										

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 2.

YOUR NAME AS SHOWN ON PAGE 1

TEST Z

SHORTY

YOUR SOCIAL SECURITY NO.

400-00-7509

PART A: Dependents and Qualifying Parents - do not list yourself or spouse**A1** List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007
SAMUEL SHORTY	400-55-3012	SON	12
MARY SHORTY	400-55-4012	DAUGHTER	12
GEORGE SHORTY	189-81-9198	SON	12

A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10 TOTAL**A2**

4

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 6 of the instructions.**b** Enter dependents listed above who were not claimed on your federal return due to education credits:**A4** List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet.

You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2007

A5 Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL**A5**

0

PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year**B6**

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE
SIGN
HERE

YOUR SIGNATURE

DATE

DEALER

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

00 - 561332 - 07509 - 8

ARIZONA FORM

AZ-8879

Arizona Department of Revenue
E-file Signature Authorization

2007

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

TEST Z

SHORTY

400-00-7509

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	16,350	00
2	Balance Of Tax	2	64	00
3	Arizona Income Tax Withheld	3	900	00

Check box 4 or box 5:

4 ☒ **REFUND.** Enter the amount of refund 4 742 00

5 ☐ **AMOUNT YOU OWE.** Enter the amount owed 5 00

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part II).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part II).

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

021234567

ACCOUNT NUMBER

123123123

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$.00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2007 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 15, 2008, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize John Plessy to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2007. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-09-2007
	DATE	
	SPOUSE'S PEN AND INK SIGNATURE	DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

Listing of Additional Dependents, Parents/Ancestors,
Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY	Social Security Number
TEST Z	SHORTY
	400-00-7509

Additional Dependents

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in 2007
Dependent 4	WENDY SHORTY	189-19-8198	DAUGHTER	12
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				

Additional Qualifying Parent/Ancestors

Parent/Ancestor 2			
Parent/Ancestor 3			
Parent/Ancestor 4			

Other Additions Listing

Description	Amount
A. Pension Adjustments	
B. Married Persons Filing Separate Returns	
C. Partnership Income	
D. Fiduciary Adjustment	
E. Net Operating Losses	
F. Items Previously Deducted for Arizona Purposes	
G. Claim of Right Adjustment for Amounts Repaid in 2007	
H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I. Addition to S Corporation Income Due to Credits Claimed	
J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K. Wage Expense for Employers of TANF Recipients	
L. Motion Picture Production Expenses	
M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N. Depreciation or Amortization for a Water Conservation System	
O. Agricultural Water Conservation System Credit	
P. Other Adjustments (see instructions)	
Total Other Additions	

Other Subtractions Listing

Description	Amount
A. Previously Reported Gain on Decedent's Installment Sale	
B. Fiduciary Adjustment	
C. Partnership Income	
D. Federally Taxable Arizona Municipal Interest	
E. Adoption Expenses	
F. Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H. Certain Expenses Not Allowed for Federal Purposes	
I. Qualified State Tuition Program Distributions	
J. Subtraction for World War II Victims	
K. Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L. Agricultural Crops Given to Arizona Charities	
M. Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N. Adjustment for IRC § 179 Expense Not Allowed	
O. Displaced Pupil Choice Grant Awards	
P. Other Adjustments (see instructions)	
Total Other Subtractions	



SSN: 400-00-7510

Description: EZ Form, MFJ, Direct Debit, STATE ONLY

Arizona Information:

Forms used: Form 140EZ, Form AZ-8453

Other:

Clean Election Deduction = 5

Contribution to Clean Elections Fund = 2

Family Income Tax Credit = 80

Income Information:

Wages from two W-2 Forms

Federal AGI

Total

19,999

19,999

STOP If you are claiming estimated payments, you must use Arizona Form 140.
If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

YOUR FIRST NAME AND INITIAL 1 <u>Danny S</u>		LAST NAME <u>EZEE</u>	YOUR SOCIAL SECURITY NO. (required) <u>400-00-7510</u>
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1 <u>Mary J</u>		LAST NAME <u>EZEE</u>	SPOUSE'S SOCIAL SECURITY NO. (required) <u>400-00-7560</u>
PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. 2 <u>215 LAID BACK WAY</u>		DAYTIME PHONE (with area code) <u>602-555-1212</u>	89 <input checked="" type="checkbox"/> X
HOME ADDRESS CONTINUED 2		HOME PHONE (with area code) 94	Check this box if: 82F <input checked="" type="checkbox"/> Filing under extension

CITY, TOWN OR POST OFFICE 3 <u>PHOENIX, AZ</u>	STATE <u>85014</u>	ZIP CODE
--	-----------------------	----------

FOR DOR USE ONLY		
88		
81	80	

A t t a c h - W - 2 t o t a l s t p a g e o f t h e r e t u r n. A T T A C H P A Y M E N T H E R E.	FILING STATUS: Check one box.	
	4 <input checked="" type="checkbox"/> Married filing joint return	
	5 <input type="checkbox"/> Single	
	6 Federal adjusted gross income from your federal return	
	7 Standard deduction and personal exemption. If you checked filing status box 4, enter \$12,945; if you checked filing status box 5, enter \$6,473	
	8 Arizona taxable income. Subtract line 7 from line 6. If less than zero, enter zero. If \$50,000 or more, use Form 140	
	9 Amount of tax from Optional Tax Rate Tables	
	10 Clean Elections Fund Tax Reduction. See instructions page 4. 101 <input type="checkbox"/> YOURSELF 102 <input checked="" type="checkbox"/> SPOUSE	
	12 Reduced tax. Subtract line 11 from line 9	
	13 Family income tax credit from worksheet on page 5 of instructions	
	14 Clean Elections Fund Tax Credit from worksheet on page 5 of the instructions	
	15 Balance of tax. Subtract lines 13 and 14 from line 12. If the sum of lines 13 and 14 is more than line 12, enter zero	
	16 Arizona income tax withheld during 2007	
	17 Amount paid with 2007 Arizona extension request (Form 204)	

6	<u>19999</u>	<u>00</u>
7	<u>12945</u>	<u>00</u>
8	<u>7054</u>	<u>00</u>
9	<u>183</u>	<u>00</u>
11	<u>5</u>	<u>00</u>
12	<u>178</u>	<u>00</u>
13	<u>80</u>	<u>00</u>
14		<u>00</u>
15	<u>98</u>	<u>00</u>
16	<u>10</u>	<u>00</u>
17		<u>00</u>
18	<u>50</u>	<u>00</u>
19	<u>60</u>	<u>00</u>
20	<u>38</u>	<u>00</u>
21		<u>00</u>
22 VOLUNTARY CONTRIBUTION TO THE CITIZENS CLEAN ELECTIONS FUND: See page 6 of instructions. If making a contribution, check this box : 22A1 <input checked="" type="checkbox"/> and enter the amount		
22	<u>2</u>	<u>00</u>
23 REFUND. Subtract line 22 from line 21. If less than zero, enter amount owed on line 24		
23		<u>00</u>
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings		
98		
24 AMOUNT OWED. Add lines 20 and 22. Make check payable to Arizona Department of Revenue; include SSN on payment		
24	<u>40</u>	<u>00</u>
<input type="checkbox"/> Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.		
25 Last name(s) used in prior years, if different from name(s) used in current year:		

P L E A S E S I G N H E R E	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	YOUR SIGNATURE	<u>10-09-2007</u>	<u>COOK</u>
		DATE	OCCUPATION
	SPOUSE'S SIGNATURE	<u>10-09-2007</u>	<u>part time help</u>
		DATE	SPOUSE'S OCCUPATION
	<u>John Smith</u>		
	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)		
	<u>P24680000</u>	<u>10-09-2007</u>	
	PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

